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WASHINGTON MEDICAL ANNALS

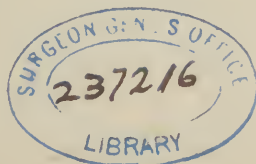
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DISTRICT OF COLUMBIA

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WASHINGTON MEDICAL ANNALS

The Medical Society of the District of Columbia

FOUNDED SEPTEMBER 26, 1817

CENTENNIAL ANNIVERSARY

OCTOBER 17, 1917

PRELIMINARY.

The first step towards the celebration of the Centennial Anniversary of the Medical Society of the District of Columbia was taken February 2, 1916, when the Society adopted a recommendation of the Executive Committee that a special committee be appointed for the purpose, and that the Historical Committee bring the data relating to the Medical Society and Medical Association up to date for use at the Centennial Celebration.

April 26, the following committee was appointed: Dr. J. B. Nichols, Chairman; Drs. D. S. Lamb, G. Wythe Cook, P. S. Roy, W. P. Carr, G. M. Kober, A. W. Boswell, Louise Tayler-Jones, H. C. Macatee, S. S. Adams, C. W. Richardson, A. L. Hunt, A. B. Hooe, J. D. Thomas and F. R. Hagner.

June 26, four subcommittees were appointed: Literary Program, Dr. Cook; Banquet, Dr. Richardson; Invitations, Dr. S. S. Adams, and Finance, Dr. Roy.

November 1, the Chairman, Dr. Nichols, reported that the committee had agreed on September 26, 1817, as the date of the foundation of the Society, but that some time in the month of October would be preferable for the celebration.

December 6, Dr. J. L. Thompson was added to the committee in place of Dr. A. L. Hunt, deceased.

January 31, 1917, Dr. Nichols, for the committee, reported that the committee had planned a literary program for the afternoon of October 17, 1917, and a banquet in the evening of the same day, at the Raleigh Hotel. Dr. E. Y. Davidson was added to the committee.

March 7, Dr. Nichols recommended that the committee be increased to 54 members and that invitations to participate in the celebration be extended to the President of the United States, Rev. Wallace Radcliffe, Dr. Wm. H. Welch of Johns Hopkins University, Dr. Wm. J. Mayo, President of the American Medical Association, and Dr. D. S. Lamb. It was so ordered.

March 14, the following additional members of the committee were appointed: Drs. H. A. Bishop, J. C. Blackistone, E. P. Copeland, O. C. Cox, T. M. Foley, J. A. Foote, J. A. Gannon, W. C. Gwynn, Carl Henning, C. W. Hyde, W. A. Jack, V. B. Jackson, L. A. Johnson, S. R. Karpeles, H. H. Kerr, Frank Leech, H. T. A. Lemon, Thos. Linville, T. F. Lowe, C. C. Marbury, T. N. McLaughlin, Thos. Miller, J. F. Moran, W. G. Morgan, J. J. Mundell, T. E. Neill, Mary Parsons, W. P. Reeves, J. D. Rogers, H. R. Schreiber, E. G. Seibert, J. H. Selby, R. Y. Sullivan, J. A. Talbott, W. D. Tewksbury, J. R. Verbruycke, Jr., W. A. Wells and J. T. Wolfe.

March 21, Dr. Nichols, for the committee, recommended that a special assessment of \$3.00 per member be made to defray the expenses of the celebration, payable to the Treasurer before July 1; any surplus to be deducted from the dues for 1918. The recommendation was adopted March 28. April 11, the Treasurer was instructed that the assessment applied only to active members.

October 3, Dr. Nichols reported that the committee had held a meeting September 26, which was the exact anniversary of the first meeting of the Society. The following members of the general committee had been named as a Reception Committee: Dr.

1817 1917

*The Officers and Members of
The Medical Society of the District of Columbia
request the honor of the company of*

*at the Celebration of the
One Hundredth Anniversary
of the founding of the Society,
on Wednesday afternoon, October the seventeenth,
one thousand nine hundred and seventeen
at Washington, District of Columbia*

*New National Museum
two o'clock*

*Raleigh Hotel
eight o'clock*

Boswell, Chairman, and Drs. Bishop, Blackistone, Copeland, O. C. Cox, Foley, Foote, Henning, Hyde, Jack, Jackson, L. A. Johnson, Karpeles, Kerr, Frank Leech, Lemon, Linville, Lowe, T. N. McLaughlin, C. C. Marbury, Thos. Miller, Moran, W. G. Morgan, Mundell, T. E. Neill, Mary Parsons, Reeves, Rogers, Selby, R. Y. Sullivan, Talbott, Tewksbury, Verbrycke, Wells and Wolfe. The Chairman of the General Committee or President of the Society was authorized to draw on the Treasurer for necessary funds.

CENTENNIAL CELEBRATION.

The Centennial Celebration began with literary exercises in the Assembly Hall of the U. S. National Museum, October 17, 1917, at 2:30 P. M. The President of the Society, Dr. G. Wythe Cook, presided. The hall was decorated with flags and music was furnished by a string band; invited guests on the platform. The meeting was open to the public. After calling the meeting to order President Cook spoke, as follows: "We are assembled to celebrate the centennial of the Medical Society of the District of Columbia. On such an occasion it is meet and right to ask the All-wise Supreme Being to guide us worthily. I, therefore, call on the Reverend Dr. Wallace Radcliffe to invoke the Divine blessing upon our exercises."

DR. RADCLIFFE:

O God, we worship Thee, the one living God; we worship Thee. All things are of Thee, in whom we live and move and have our being. Thou hast made us and not we ourselves. Thou didst breathe into us the breath of life and we became living souls. Thou art the former of our bodies, so fearfully and wonderfully made. Thou art not far from any one of us, and art constantly revealing Thyself in wisdom, love and power. Day unto day uttereth speech and night unto night showeth knowledge. Thou hast made us a little lower than the angels and crowned us with glory and honor that we might show forth Thy praise. We thank Thee for Thy special endowment of scientific thought and adventure, through which Thou hast brought to the world such revelations of Thy laws, as have brought life and health and development to humanity. We thank Thee for the great names and invaluable service. We acknowledge Thy hand in the establishment and perpetuation of the medical profession. Bless all physicians and surgeons and make them Thy ministering spirits. We thank Thee for their knowledge and skill and heroism and suc-

cess in the help of suffering humanity. Hear the prayers and benedictions that constantly rise for them from the beds of the sick and suffering. Bless them in their investigations that Thou mayst be more fully known in the revelation of Thy being and work among men. Use and honor them for the good of the race and to Thy glory. And Jesus Christ, Physician of souls, touch them and us with Thy healing hand, that the whole race sick in sin may rise into that newness of life that is only of Thee.

We acknowledge Thy guidance and control in the Medical Society whose centennial we celebrate today. We thank Thee for its hundred years of fellowship and service and benediction in this community. We thank Thee for its great and honored names and for its beneficent and sacrificing service through which have come cheer and comfort and health to these homes. Make us loyal to their memory by kindred thoughtfulness and devotion and by abundant entrance into larger fields of usefulness and sacrifice.

In these pitiful days of cruelty and blood we pray for all physicians and nurses in the army and navy that their lives may be protected and they may be so illumined and guided that they may be Thy ministers for the safety and help of many who have jeopardized their lives in the high places of the field. Bless the President of the United States and all associated with him in the responsibility of these great days. Preserve their lives. Endow with wisdom. Keep our people in harmony, patriotism and the fear of God. Give the health of righteousness and humanity to all the nations and speedily bring peace. For Thy name's sake. Amen.

PRESIDENT COOK then spoke, as follows:

Ladies and Gentlemen:

The hour has struck! The Medical Society of the District of Columbia is a hundred years old! What a contrast between the conditions of today and those that obtained at the birth of this Society! Then the seat of the Government of the United States had been transferred to Washington less than a score of years.

Then the population of the City was a scant twenty thousand; now it is more than three hundred and seventy-five thousand.

Then Pennsylvania Avenue from the Capitol to the White House was an almost impassable morass, lighted at night only by the moon and stars; now it is a magnificent thoroughfare, splendidly paved, brilliantly illuminated electrically, and is the pride of the Capital City.

Then sixteen physicians—being nearly all the practitioners of medicine in Washington and Georgetown—met at Tennison's Hotel, on Pennsylvania Avenue near Fourteenth Street, and

organized the Medical Society of the District of Columbia, which now numbers five hundred and sixty-five members.

Doubtless, it was a great surprise to many of you to learn that this Medical Society had been in existence a hundred years. But it has gone on quietly in the even tenor of its way, not making much ado about its functions that was audible to the general public, but always vigilant as to sanitary conditions and the general welfare of the people in matters pertaining to health, until time has made it venerable in philanthropic work.

What was the moving influence that prompted the organization of this Society? In the language of the Chronicler: "The frequent injury and injustice which had been perpetrated upon citizens of the District by charlatans and pretended doctors at length, in 1817, induced the regularly qualified physicians of Washington and Georgetown to form themselves into a society for the purpose of informing the public, who were qualified to practice the healing art and worthy of the confidence of the public, and, in the language of the charter, for 'promoting and disseminating medical and surgical knowledge.'"^{*}

The Medical Society is proud of its record. It had its inception in a purpose to require of those offering to practice the healing art a reasonable qualification therefor, but in no sense desiring or suggesting a method of treatment. This was a broad and safe platform upon which to stand.

It was intended to conserve the wellbeing of the people and at the same time maintain the dignity of the medical profession.

The charter provided that the Medical Society should elect by ballot "five persons residents of the District, who shall be styled the Medical Board of Examiners of the District of Columbia; whose duty it shall be to grant licenses to such medical and surgical gentlemen as they may, upon a full examination, judge adequate to commence the practice of the medical and surgical arts, or as may produce diplomas from some reputable college or society."

As you will observe, licenses could be issued, as expressed in the quaint language of the times, only to "medical and surgical gentlemen," so that when women doctors were evolved and applied for licensure there was a difficulty. But the impediment was removed in 1875, by an amendment to the charter in which the word "persons" was substituted for "gentlemen." The Medical Practice Act has superseded our charter, and licenses are now granted under that law.

I may remark that we have a considerable number of accomplished women doctors among our members and they constitute an important and forceful element in our organization.

^{*} Toner's Oration.

"Ten of the founders of the Society were natives of Maryland, four were Virginians, two were from Massachusetts, three were born in the District of Columbia, and of two the nativities are unknown. The Society is a natural and direct heir of the Medical and Chirurgical Faculty of Maryland, and three founders of the Faculty became afterwards incorporators of the Medical Society of the District of Columbia. * * * Of the twenty-one original incorporators of the Society six were surgeons in the United States Army, two in the United States Navy and one served in both."* It will thus appear that the association between the medical officers of the Government Services and this Society were most intimate at its beginning, and our relations have continued most cordial to the present time. A number of these officers have been frequent attendants at our weekly meetings and have contributed valuable papers and discussions to the Society. I may mention particularly the late General George M. Sternberg, an honorary member, who discovered the pneumococcus, and the late Major Walter Reed, a member by invitation, who won immortal fame by demonstrating that the mosquito (*stegomyia fasciata*) was the carrier of the yellow fever germ. His work made possible the building of the Panama Canal.

The Society is proud of the long list of able and distinguished physicians borne upon its rolls since that autumn day in 1817 when sixteen men, some fired by youthful enthusiasm, others moderated by mature wisdom, united in the serious purpose of organizing the Medical Society of the District of Columbia.

Some one has said there is "no other calling that so faithfully, unselfishly and constantly toils to put itself out of business" as does the medical profession, and this Society has always been alert as to the sanitary needs of this District, and it has been untiring in its labors in urging the passage of such laws as were clearly in the interest of public health and common safety. It secured the passage of a law prohibiting physicians from divulging the secrets of the sick room. It inaugurated the effort, and was mainly instrumental in securing the passage of the "Medical Practice Act," a law that has for its purpose the requirement that persons desiring to practice the healing art in this District shall be reasonably qualified therefor. This is clearly in the interest of common safety. It urged the passage of laws to prevent the spread of contagious diseases, and the law for medical inspection of schools. It worked earnestly for the passage of the law regulating the milk supply, that people might have clean and wholesome milk. It has repeatedly urged the passage of a law prohibiting the indiscriminate sale of poisons. It has heartily favored the extension of the system of sewers and the proper disposal of the city sewage. And mainly through its efforts the slow sand filtration of Potomac River water was secured.

* History of the Medical Society D. C.

Medical ethics have always been based on broad and philanthropic ideals and medical men are always ready to forward public health affairs and to give gratuitous services of an eleemosynary character when the occasion arises; but altruism has its limitations, and it must not be imagined that the office of the physician can ever be supported as an exclusively beneficent one.

In time of war when one's country is in peril, every patriot is a volunteer. So in the great world conflict now raging we see the medical man laying down his lucrative practice and rallying freely to the call to the colors. The members of this Society have not been backward in offering their services, for more than twenty-five per cent of our male members have been commissioned, or are with the Red Cross service, not to mention those rejected on account of age or other disability.

We have eleven elder sisters* and many younger ones; to their representatives who have honored us by coming to this function we extend most cordial greeting and assure them of our hearty appreciation of the courtesy shown us.

The Medical Society, though domiciled within the District of Columbia, has heretofore had no permanent abiding place, but has led rather a nomadic existence. It is gratifying, however, to say that active measures are now in progress that will result in our having a permanent home at an early day.

In imagination I fancy I can see the walls of a worthy temple of Hygieia rising, beneath whose dome will be housed our lares and penates and upon whose hearth a perpetual fire will burn, warming the enthusiasm of our members so that they can persevere in the search for the causes and the prevention of disease and continue to strive to ameliorate the maladies to which humanity is heir. I am sure that some bricks in those walls will be provided by those who have received comfort and relief from the ministers of the healing art.

The Medical Society, after a spirited contest, honored me by electing me President in 1893, and I had the pleasure at the expiration of my term of inducting into the presidency Dr. Samuel C. Busey, who presided at the celebration of the 75th anniversary of the granting of the charter. Now, after the lapse of nearly a quarter of a century, the Society has again elected me, without opposition and unanimously, as President, and I have the honor of presiding at this centennial.

At the 75th anniversary Dr. Busey said: "At the centennial reunion some one of you will stand where I now stand, upon

*The eleven older Medical Societies are: New Jersey Medical Society, organized in 1766; Massachusetts Medical Society, 1781; *College of Physicians, Philadelphia, 1787; New Hampshire Medical Society, 1791; Connecticut Medical Society, 1792; Medical and Chirurgical Faculty of Maryland, 1799; New York Medical Society, 1806; *Albany (N. Y.) Medical Society, 1806; *New York County Medical Society, 1807; Rhode Island Medical Society, 1811; and Vermont Medical Society, 1814. (* These were not *State* but *local* societies.)

whom will devolve the duty which thrills me with pleasure tonight." And I am that fortunate one to be thrilled by this auspicious occasion.

The four men who were the active participants at the 75th anniversary were Busey—cold and unemotional, strong and forceful; Johnston—smooth and polished, persuasive and convincing; Thompson—eloquent and impetuous, brilliant and entertaining; Smith—fluent and humorous, frank and honest. But the golden cord that bound them to us has been loosed and they have gone to the "undiscovered country from whose bourne no traveler returns."

We have completed our first cycle, in which events of the greatest moment have transpired. We wind the clock again, and when it shall have struck the next quarter century what wonders will have been revealed! The times are pregnant with tremendous possibilities, but what will be brought forth no man can foretell, but some of you may see.

PRESIDENT COOK:

The Medical Society of the District of Columbia is an offshoot of the Medical and Chirurgical Faculty of Maryland and in casting about for an orator to speak the congratulatory address on this occasion, our thoughts very naturally turned to that organization, and Dr. Wm. H. Welch was expected to speak in that capacity, but he is unfortunately absent. The President of that body has kindly consented to address us. I have the pleasure of introducing to you Dr. Guy Steele, President of the Medical and Chirurgical Faculty of Maryland.

DR. STEELE:

Mr. President and Members of the District of Columbia Medical Society:

When invited to be a special guest at this celebration of the one hundredth anniversary of the founding of your society I felt that a great distinction had been conferred on me. What, then, can I say of my feelings when you have still further honored me by asking me to accept a place on your program this afternoon, and to deliver the congratulatory address in place of Dr. W. H. Welch, who is unavoidably absent? It is true that I am totally unprepared to adequately fulfill this duty, as your request has come to me without a moment's notice and without giving me time to jot down a note. But I have accepted it with great pleasure, even though my first inclination was to decline the honor, feeling that some one should help round out your program, and that perhaps the obligation belonged to no one more than to the President of the Medical and Chirurgical Faculty of Maryland.

Your President has, however unwittingly, added to my difficulties and embarrassment by kindly announcing that I would take Dr. Welch's place. Please let me at once remove from your minds any idea that I or anyone else can take Dr. Welch's place on this or on any other occasion. We of Maryland, who know him best and love him best, can assure you that Dr. Welch stands alone in anything that he may undertake to do.

It has been announced that when this Society was organized in 1817, ten of its charter members were members of the Medical and Chirurgical Faculty of Maryland. It will thus be seen that most intimate relations have always existed between our societies, and I deem myself most fortunate and most honored that, as President of the Medical and Chirurgical Faculty of Maryland for the year 1917, I should have the pleasure of conveying to your Society our most hearty and sincere congratulations on the one hundredth anniversary of your official birth. Our Society was founded in 1799, and from that time to this, with few years of intermission, annual meetings have been held and officers elected; so from our pinnacle of hoary age it would have perhaps been not unnatural for us rather to patronize our younger sister and to give you good advice and suggestions as to the management of your affairs. I am happy to say, however, that you have grown far beyond this age of advice and have assumed all of the prerogatives to which one hundred years of successful progress have entitled you.

It is most fortunate for you that your years of growth through infancy and maidenhood to maturity have been those in which medicine has emerged from the superstitions of empiricism to a rational foundation on science. In this growth and in this progress I am happy and proud to say that the members of your Society have taken a foremost part; and today, when most is expected of our profession not only in duties strictly medical, but in all that stands for progress in good citizenship and the world's work, the men of the District of Columbia are in the forefront of the fight.

In a few words, Mr. President, may I call your attention to the great crisis which confronts our country and to the prominent part which the women and men of our profession are called upon to play in this great world struggle.

A few short months ago, indeed, a few short weeks ago, the press was teeming with articles and editorials to the effect that the doctors of the land were not responding to their country's call in numbers adequate to supply the needs of the forces which we must send abroad and maintain in the training camps in this country. Based largely on ignorance, no less than a desire for sensation, these articles made a deep impression on people and have done our profession a gross injustice. And though no one

who cared to do so could have had any trouble in finding out the real truth, these slanders, largely undenied even when the real truth has been known, have hurt many of us deeply, and especially those of us, of whom I am one, who having professed our willingness to respond to our country's call, still walk the streets in civilian attire. May I be pardoned for speaking of my own case as typical of many hundreds of others who have been passed by, for no other reason as far as I know than that the arbitrary age limit has been passed, and that as you notice "some silver threads appear among the gold." And so it would seem that years of experience ripened by observation, and judgment tempered by maturity, count for naught, and I am almost tempted to believe that the Surgeon General's office cares more for what appears on the outside of a man's head than for what dwells within. However, as good soldiers (who would be) it is our place to bow to discipline.

Not the least of the many things for which your Society is entitled to honorable congratulations is the fact that in proportion to your members you have sent as many, if not more, men to the united services than any other medical society in the United States.

On looking through this audience, Mr. President, I see many of our fair friends present. May I most heartily congratulate you that you number so many of them among your most active and most useful members; and that they and others of the sex have such an interest in matters medical and in the success of this meeting, that they have denied the calls of society and the hundreds of other demands upon their time, which these stirring times impose, and have by the grace of their presence added to the brilliancy of this occasion, and by their smiles of approval and liberal applause greatly inspired your speakers.

It is said, though not perhaps in Biblical story sequence, that on the first day the Great Creator made the earth and the sea, and then He rested. On the second day the trees of the forest and the grass of the fields, and He rested. On the third day the beasts of the fields and fowls of the air, and He rested. And so to the fifth day when He made man, and again He rested.

On the sixth day He made woman, and from that day to this, there has been rest for neither God nor man.

Now, I do not quote this in levity, or as any reflection on Eve and her daughters, but rather in deepest admiration of the Divine purpose which has ordained that man never shall be allowed to rest and rust in sloth and ease, but that beside him in all of his works, and in all of his struggles for something higher and better, there is ever the presence of some good woman to speed him on and to allow him rest, neither by day nor by night, until success crowns his efforts or honest failure claims him a victim. And

to them and to you, Mr. President, I extend my congratulations for the help they have given you and for the part they have so nobly played.

When I received my invitation to speak at your banquet to-night I was cautioned by the Chairman of the Committee of Arrangements that my remarks were to range in length from five to fifteen minutes, and perhaps ten minutes would suffice for all a man could say or at least ought to say. I have been wondering whether a reputation for prolixity had preceded me, and I am wondering now whether the same limits of time apply to this afternoon as to tonight. If so, I must plead the inspiration of this occasion and the gracious acceptance by this audience of my hasty and unprepared remarks for leading me to transgress my limits, and I hasten to assure you that I will conclude before bringing on myself the well merited rebuke that Brother Simpson of Georgia once received. Now, Brother Simpson was a dear old man who was noted more for prolixity than for eloquence and lucidity of expression, and who in the enthusiasm of the occasion also at times forgot his time limits. One night, being deeply intoxicated by the "exuberance of his own verbosity," he calmly announced after speaking for two hours and a half to a crowded and tired and sleepy congregation, "and now my brethren, having briefly assigned the major prophets to their proper positions, we will consider the minor prophets, and what place shall I assign Malachi?" Then an irreverent brother, rising in the back of the church, said, "Brother Simpson, Malachi can have my place for I'll be — if I ain't tired, and I am going home." Judging from the movement in the back of this hall, I must hasten ere I, too, merit the rebuke to Brother Simpson.

Mr. President, while walking through the parks and squares of your beautiful city this afternoon, I could not help but be impressed, as I have so often been before, by the statues and monuments which a grateful nation has erected in heroic bronze to perpetuate the memories and glories of those who responded to their country's call in a time of fratricidal strife. And the thought came to me, What of the nation's tribute to those who in the name of mercy and humanity have in the hour of a united country's need, "yielded up their last sad measure of devotion"—And when the dove of peace shall again spread her wings over this earth: by your rolling Potomac in shadow of those hills across the river, "where sleep the brave who sink to rest by all their country's wishes blest"—A shaft of purest marble shall arise, ornate in its chaste simplicity, and bearing words such as these:

"Erected by a grateful Country in proud and honored memory of those of the Medical profession, who on the fields of France and Belgium have yielded up their lives at the call of duty."

And when the flag shall fall from the face of that shaft, I trust I may stand, perhaps again as your guest, and with tear dimmed eyes and throbbing heart listen to the words of dedication as they fall from the lips of that noble occupant of the White House in words of eloquent tribute such as he alone can utter.

In congratulating you, Mr. President, on the achievements of the past, may I remind you that the past is of value to us only as we learn from it a lesson for the future.

The future is before the young men of your Society with all of its glorious possibilities, with all of its opportunities for distinction and reward, so in conclusion I again congratulate you on all that you have done, knowing that in the future your place will always be in the forefront of the fight for all that is noblest and best in professional life.

I can wish you nothing more than "that your latter days may be as prosperous and happy as your former ones have been honorable and glorious."

DR. H. C. MACATEE, Recording Secretary of the Society, next read letters of acceptance and declination. [See *infra*.]

PRESIDENT COOK:

The late Dr. J. M. Toner was the Chronicler of the first fifty years of the Medical Society and gave its history in great fulness and detail. After him the late Dr. S. C. Busey took up the thread and wrote most entertainingly about it. Latterly the narrative has been continued by one of our members who has produced a very creditable volume of interesting facts. This member has gained distinction by having performed necropsies upon several notable persons. I do not mean to suggest that he is going to perform a post mortem upon the Medical Society, for it is too much alive now for that, but it has completed its first cycle, and he will entertain and inform us by recounting its past. I have the pleasure of presenting as historian, Dr. Daniel Smith Lamb.

DR. LAMB:

A HISTORY OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

The Medical Society of the District of Columbia has done me the honor to assign to me the preparation of a historical sketch of the Society for the 100 years of its existence. It is well known to most of the members that in 1909 there was published a history of the Society up to that time; a book of 501 pages, profusely illustrated. It was compiled and edited by a committee of which I had the honor to be Chairman. The paper that I read today

will necessarily be a condensed statement of matters of interest covering both the period included in the already published history and the period that has elapsed since that publication.

It is not an easy matter to compress within the space of half an hour the story of 100 years. In the month of March last we devoted an entire evening to the story of one of our members, one who had been a member for over 50 years, and who for nearly all that time took an active part in the work of the Society. His life was full of interesting incidents and he was but one of many whose lives and activities fill many pages of the minutes of the Society.

Naturally we begin a biographical sketch with the birth and childhood of the individual. We always feel a peculiar interest in his early life. The same is true of the early life of an organization.

This Society was born, or perhaps I ought to say was delivered, in the year 1817. It was in the mild September, on the 26th day of the month. There were 16 physicians present at the birth. There had been, of course, a prenatal period which has been described by Dr. Toner in the following words: "In the early days of the District there were many medical charlatans who not only imposed on the citizens, but worked a hardship as such pretenders always do, to the regularly qualified physicians. This condition of things was largely the reason for the formation of the Medical Society."

I regret to say that charlatans, both medical and otherwise, are still with us, and it may be added that they cover a multitude of sins. It was because the expected relief from charlatanry did not materialize that 21 physicians finally went to Congress and asked for a charter, which was granted under date February 16, 1819, approved by President Monroe; and thus the Society became incorporated.

The earliest historian of the Society was Dr. Joseph M. Toner, who tells us that meetings were held quarterly, at which papers were read and discussed, and sometimes adjourned meetings were held. Some papers were published. As far as professional improvement was concerned the expectations were more than realized. But after a few years the interest began to abate, and from time to time attempts were made to form other societies in the place of this. Sometimes the Society failed to meet at the appointed time to elect officers, and through this neglect its charter became void. An application had to be made for a new charter, which was granted July 7, 1838, approved by President Van Buren.

I might say right here that this Society was the eleventh Medical Society in the United States representing a *State* or its equivalent, in order of formation: New Jersey being first, in

1766, followed by Massachusetts in 1781, Delaware in 1789, New Hampshire in 1791, Connecticut in 1792, Maryland in 1799, North Carolina in 1800, New York in 1806, Rhode Island in 1812, Vermont in 1814, and this Society in 1817. The charter of this Society was almost an exact copy of that of the Medical and Chirurgical Faculty of Maryland.

The first volume of the transactions of the Society, covering the time from the beginning to 1838, has, unfortunately long been missing and is supposed to have been destroyed by fire in 1861.

Since acquiring the new charter in 1838 the Society has not failed to meet to elect officers except possibly in the years 1862 and 1863, during the civil war; and the Treasurer made no report from January 7, 1861, to January 4, 1864.

The charter prohibited the Society from fixing a tariff of fees and from disciplining members for anything done outside the Society meetings, and in consequence of these prohibitions a number of members formed what was called the *Medical Association* of the District of Columbia in January, 1833, which provided for a code of ethics and a fee bill. So far as the records of the Medical Society show, little was done from 1838 to 1864 beyond meeting to elect officers. On the 4th of July, 1864, however, several applicants were elected members—Drs. Thomas C. Smith, J. Ford Thompson and Alfred F. A. King—who injected new life into the organization. King was elected Secretary in 1865, and his one volume of minutes for the three years from 1865 to 1868 covers more pages than the work of the preceding 27 years. This striking difference indicates the increased scientific activity of the Society, which since then has never slackened.

So far as the places of meeting are concerned, the Society has been very peripatetic. The first meeting was held in Tennison's Hotel, which was on Pennsylvania Avenue near 14th Street; the next at Strother's Hotel, which occupied the same site at 14th Street and Pennsylvania Avenue as the present New Willard. Then the Society wandered about from place to place wherever it could find accommodation; occasionally at the room of the City Council on 11th Street between C and Pennsylvania Avenue; at the room of the U. S. engine house on E Street between 7th and 8th; at the Patent Office; and at the offices of members. The more permanent places of meeting were the Medical College, northeast corner of 10th and E Streets, N. W., recently torn down; the City Hall; the Washington Infirmary in Judiciary Square, burnt down in 1861; the Georgetown Medical College on F Street near 12th, replaced by Metzgerott's theater; over Gilman's Drug Store at 627 Pennsylvania Avenue; the Medical Hall, 1002-4 F Street; the American Colonization Society Building, Pennsylvania Avenue and Four-and-a-Half Street; Gonzaga College, which was then on F Street between 9th and

10th, replaced by stores; the Lenman Building, 1425 New York Avenue; both the old and the new Georgetown Law Buildings, one at 6th and F Streets, the other at 506-8 E Street; the Columbian University Building at 15th and H Streets, replaced by the Woodward Building; the Masonic Hall at 13th and New York Avenue; and now for many years the George Washington Medical School, 1335 H Street. It is said that a rolling stone gathers no moss; the Society hasn't gathered any; although 100 years old it is as full of life and energy as it ever was.

Attempts have been made from time to time to secure a permanent home. The first attempt succeeded in building a Medical Hall at 1002-4 F Street Northwest, which was inaugurated January 29, 1869, but unfortunately could not be lawfully held by the Society under its charter, unless each member owned personally at least one share of the stock. In 1894 another effort was made, but a sufficient amount of money could not be obtained and the matter was dropped. A third effort was made in 1911, but again sufficient subscriptions could not be obtained. At present there is a committee considering the subject, with some prospect of a successful outcome.

One provision of the charter of the Society was that it should elect a Board of Examiners, whose duty should be to license to practice medicine in this District those applicants who should be found qualified. The first Board was elected March 8, 1819, and licenses continued to be granted until June 3, 1896, when the Board ceased to exist by reason of the Medical Practice Act, which then became operative, and is still in force. It so happened that the charter provided that licenses should be issued to *gentlemen*, and when women began to apply they were brought face to face with this provision, and, in 1874, they had to go to Congress to have the wording changed, so that thereafter the Board no longer licensed gentlemen, but *persons*.

Many members of the Society have been members also of the staffs of the hospitals in this District. Through these members the Society has sought to exercise some control over the management of the hospitals, that they should be conducted in a proper manner. Once, namely in 1869, the Society considered the matter of establishing a Dispensary under its own immediate control; and although this proposition failed to materialize, it had the ultimate effect of starting the Central Dispensary and Emergency Hospital in 1880.

For many years the Society had a Library and a Librarian; the first Librarian was elected in 1818. By reason of the wandering habit of the Society the books also wandered, and by 1866 there was just one book left in the library, Quincey's Lexicon. Dr. Toner was made Librarian and one year afterwards he had got together 152 books. In 1902 the Society ordered that the books

and pamphlets then on hand be donated partly to the Library of the Surgeon General's Office and the rest to the City Library. The accessibility of the former made it unnecessary for the Society to continue a library of its own.

Three members of this Society have been honored with the Presidency of the American Medical Association: Drs. Harvey Lindsly in 1859, J. M. Toner in 1874 and A. Y. P. Garnett in 1888. It would seem to be about time for the Society to have another inning. Other members have served in the offices of Vice President of the American Medical Association, Secretary, Librarian, and as Chairman of Sections. The election and appointment of delegates to the annual meetings of the Association seem always to have been times of excitement in which there was much partisanship.

Before the formation of the Medical Association of the District of Columbia in 1833, the Medical Society itself had to deal with questions of ethics. Although to the average layman this question seems to be a small matter, to the professional man, whether in medicine, law or otherwise, the absolute necessity for ethical regulations is so obvious as to need no argument.

Although the question of quack doctors and quack medicines has always been of interest, in more senses than one, to the members of the Society, the Society itself has rarely taken any formal action in regard thereto. At the present day the Pure Food and Drugs Act, the interpretations of the U. S. Supreme Court in regard to the same, the action of the U. S. Department of Agriculture, the campaign of education of the American Medical Association, the action of some Boards of Health and other officials, and of associations of advertisers, and some newspapers and magazines, all these agents have lessened the evil to some extent. The death of quackery can, however, only be brought about by removing it from the advertising page.

The sanitary conditions of the District of Columbia and the epidemics of disease therein have very naturally interested the Society. Smallpox, Asiatic cholera, Influenza, Infantile paralysis, Malaria and Typhoid fever have been the most serious epidemics, and in each case the Society has taken steps to combat them, coöperating with the municipal authorities. Especially in regard to the water supply of the District the Society through its committees was probably the most active and potent factor in securing the present filtration plant. The agitation for improvement in the character of the water supply began more especially in 1885, and recurred at intervals. The Commissioners of the District, the Board of Trade, the Business Men's Association, other organizations and, finally, Congress itself, became interested. One question was whether to use mechanical or slow sand filtration, and I believe that it was due to the persistent effort of the Society

committees, that slow sand filtration was finally adopted. When this had been made certain then the Society began an agitation for the prevention of the pollution of the Potomac water.

For many years the papers read and cases reported before the Society were either not published at all, or were published in some journal of the reader's selection. There was no system about the matter so far as the Society was concerned. In 1865 Dr. Toner suggested that the Society publish its own transactions. In 1868, Dr. Thomas Miller again suggested publication, and in 1869 a committee on publication was appointed. In 1870 a journal was started in Washington, *National Medical Journal*, a private enterprise however, by Dr. C. C. Cox and continued through 1871 by Drs. S. C. Busey and Wm. Lee. Some of the work of the Society was published therein. But in 1872 publication ceased, because of want of financial support. In 1874 the Society itself began publication of a bulletin entitled "*Transactions*," in which its work appeared. Publication ceased in 1878. Then Dr. Walter S. Wells (not Walter A. Wells of our Society) began publication of a journal entitled the "*National Medical Review*." This also was not supported, and expired within a year. It was also a private enterprise and was starved to death, like its predecessors. Some of the Society work was published therein. Then in 1880 came another private venture, this time by Dr. Ralph Walsh, which was kept alive for several years, but contained very little of the Society work. It was entitled "*Retrospect of American Medicine and Surgery*." In 1883 the Society tried publishing in journals outside the District, first the *Maryland Medical Journal* till 1885, when the transactions went to the *Journal of the American Medical Association*. This arrangement ceased in 1890. Then in 1892 Dr. C. H. Stowell ventured into the field and revived the "*National Medical Review*," publishing much of the Society work. The journal passed into the hands of Drs. G. W. Johnston and T. E. McArdle in 1897, and ceased publication in 1900. It was another private enterprise. From 1896 to 1900 the Society transactions, as published in this journal, were reprinted, under the name of "*Transactions*." Then in 1902 began the WASHINGTON MEDICAL ANNALS, of which I have had the honor to be the editor in chief till now; the journal is in its sixteenth year. During these sixteen years the membership of the Society has more than doubled. This journal has had its summer skies and winter storms. Like its predecessors it has had more or less opposition and, of course, its future cannot be forecast. It is interesting to note that there are corresponding publications in nearly all the States, and some State societies have a smaller membership than ours. The advantages of a periodical over an annual volume of transactions have become so obvious that one after another of the State societies has entirely ceased publication of transactions and has

adopted a monthly publication. In these strenuous days, a year ago is a long time since.

From time to time the Society has had under consideration its relations with the pharmacists of the District. There are matters in which the two professions should coöperate, such matters as definite formulæ for unofficial medicinal preparations; the law and practice concerning poisons; and even the practice of pharmacy itself in the District. It was in these matters more especially that the Medical Society and Pharmacy Association coöperated. There remain, however, the old grievances, namely, the physicians' objection to counter prescribing and sale of quack medicines, and the druggist's objection to the physician dispensing medicines.

The life of the Health Office of Washington nearly coincides with that of the Medical Society; the first Health Officer, Dr. Henry Hunt, was appointed just one month before the first meeting of the Society. The relations between the Health Office and the Society in the main have been amicable; the two have generally coöperated. The Society has given both individual and associated support to the sanitary regulations of the Health Office. One instance in which there was a disagreement strikes us at this day as rather childish. In 1866 the Board of Health proposed that physicians be *required* to sign death certificates instead of being *requested*, as previously. The Society objected to being "required" and for the time being defeated the proposition. In 1868 to 1871 the Health Office and Society were at loggerheads over a number of matters, but mutual concessions were made and peace was restored. Since then, now many years gone by, while there have been differences and disharmonies, there has not been, I believe, any actual conflict.

When the inevitable time came for women physicians to seek admission to the Society, the Society showed the same narrow-mindedness that all other medical societies everywhere else have shown. The first woman to apply was Dr. Mary Parsons, in 1876; a very suggestive year. She was promptly rejected, and the Society kept on rejecting her until twelve years afterwards, when the opposition had become sufficiently worn down, and she was elected. The ice being broken, other women physicians have had little difficulty in securing election.

Many years ago several colored physicians applied for membership in the Society. Although many members were in favor of their admission, the majority were opposed; as might be expected a very decided partisanship developed and for several years the Society was in hot water over the matter. The disturbance finally quieted down.

The desirability if not necessity of having some test of qualification to practice medicine in this District before being permitted

to practice was one reason, as already stated, for the formation of the Society, and the election of a Board of Examiners. There were, however, some weak points in the Society charter, and advantage was taken of these by both regular and sectarian physicians, and also the quacks. From time to time, therefore, some movement was made in the direction of a Medical Practice Act, in 1880 especially, and next in 1886, but the attempts were abortive. In 1890, however, a regular campaign was begun by the Society and kept up till 1896, when such an act was passed by Congress and approved by the President. This is still the law, but it needs modification, and a Committee of the Society, jointly with the Board of Medical Supervisors, is considering what is best to be done. The District has long been threatened with an invasion of sectaries who are poorly educated and who plan to practice here their peculiar theories.

Until a comparatively recent time the nurse or "sick nurse" as so often called, was for the most part a consequential individual, who banked on a little knowledge, which is so often a dangerous thing; generally speaking she was an ignorant person who had simply picked up a little practical information. Many of these nurses were of the Sairy Gamp type, who, Dickens tells us in *Martin Chuzzlewit*, went to a lying in or a laying out with equal zest and relish. Of late years training schools for nurses have been established in connection with the hospitals, and the Medical Society has coöperated with the training schools in this city.

Among the many things of interest in this District is that of the slaughter of animals for food. To remedy some of the evils of this business, a bill was introduced in Congress in 1882 providing for an abattoir in this city. The bill was referred, as were many others, to the Medical Society for consideration and recommendation. The Society made its recommendation, and in due time the abattoir was built.

While there is no obvious connection between an abattoir and an inebriate asylum, I find the inebriate asylum next on my list. At least since 1886 the Society has from time to time considered the proper disposal and care of inebriates, and efforts have been often made, but without success, to get a bill through Congress providing for the care of this class of unfortunates, whose choice, if they are poor, is the insane asylum or poor house. If they had money to spare they could go to some sanatorium. Up to the present time, no satisfactory public provision has been made in this city. Possibly in view of the prospective inability of the inebriate to obtain his intoxicating drink here, it may not be necessary to provide a place for his care. His occupation may soon be gone.

Another object of interest in the District is that of contagious diseases. One disease, namely, smallpox, has been under control ever since the District was established, or nearly so. But not so with the other infectious diseases. It was not until 1889 that the subject was definitely considered by the Society. After much discussion a bill prepared by Dr. G. Wythe Cook, and somewhat amended, was introduced in Congress, and was passed and approved by the President of the United States December 20, 1890. Scarlet fever, measles and diphtheria were provided for. The subject, however, was not dropped; more bills were introduced in Congress and finally, in 1907, a bill was passed which aimed to prevent and control not only the diseases named, but also whooping cough, chicken pox, epidemic cerebro-spinal meningitis and typhoid fever. Since then tuberculosis and infantile paralysis have been added to the list, and probably at an early date venereal diseases will be.

With regard to tuberculosis something more may be said. In 1894, the Society made a movement toward the prevention and control of this disease. This culminated in 1906 in a recommendation to the Commissioners that a tuberculosis hospital be built, and this brought to the front the question of registration and municipal control.

Another matter of importance to the physician and patient is that of testimony in court. It is desirable that the physician, like the lawyer and clergyman, should be exempted from testifying as to information received by him from a patient that is necessary for the proper treatment of the patient. The courts were very slow to recognize the justice of this. In 1891 the Society started a campaign on this line and fought it to a finish. A law was passed in 1896 that exempted the physician from giving such testimony, except in criminal cases, or with the consent of the patient or his legal representative.

One or more medical colleges had been started in the District that were of no account to anybody except the professors. These colleges were without proper instructors or equipment. One was a Homoeopathic school, and the Homoeopathic Medical Society had a bill introduced in Congress to regulate medical colleges in the District. The bill was referred to the District Commissioners and by them to this Society, which returned a favorable endorsement; the bill passed and was approved May 4, 1896. No new medical college has been started in the District since that time.

Another important matter for the District, second only to the water supply, is the milk supply. The first definite step taken by the Society was in 1894, when the question of water supply was being considered. The committee having this matter in charge recommended as part of its report that the milk supply be regulated; and took the matter up with the District Commis-

sioners. A bill was prepared, was recommended by the Society, introduced in Congress, and passed March 2, 1895. This bill required the Health Office to inspect all dairy farms sending milk to the District and give permits only to those considered to be sanitary. Other measures also were taken. The Society provided for a milk laboratory and later, in 1903, for a Milk Commission that coöperated with the Health Office. A decrease in the death rate soon evident was doubtless due in part to the milk regulations.

Another subject of interest and importance to the District was that generally known as vivisection. To many laymen this is an *opprobrium medicinæ* and societies have been formed to antagonize this form of animal experimentation. Bills have repeatedly been introduced in Congress to prevent such experimentation in this District. The Medical Society has stoutly maintained that such experimentation should be permitted, and gave the weight of its individual and associated influence against the passage of the bills. None of them has passed, and it is to be hoped that none of them will pass. This is not the time and place to discuss the merits of the case, but if there is anything true under the sun, it is true that what we know of the causes of infectious diseases, and of the action of the serums and vaccines made to combat these diseases, has been learned by animal experimentation. It is estimated that the average length of life has been increased by about ten years.

In 1896 the Society took up the subject of the vision of school-children and a committee was appointed to make an inquiry into the vision of these children. One result of the work of the committee was to make known the fact that what is known as *visual acuity* in these children was much less than it had been supposed, and the opportunity was thereby afforded for applying the requisite treatment.

The history of grave robbing and kindred practices for the purpose of obtaining dissection material is not pleasant reading, but in course of time it brought about the remedy, namely, that the government by legislative act provided the material. The subject in all its phases came before the Society, which, however, took little definite action. Ultimately Dr. A. F. A. King and some others took the matter up and pushed it; a bill was passed by Congress and was approved by the President, and since then little has been heard of the robbing of graves in this District.

In 1872 the question came before the Society of certificates of illness of employees of the U. S. Government. Several departments of the Government began to require the physician to state in his certificate the nature of the disease or other disability which affected the employee. The question raised by the Society was whether it was proper for the physician to make the required

statement. Was it not sufficient for him simply to state that the employee was unable to attend to his official duties because of illness or other disability? The certificate was a quasipublic document, whatever the heads of departments might say to the contrary. There were instances, also, especially in the case of women employees, in which the required statement was exceedingly disagreeable. The subject was considered from time to time and efforts were made by interview and correspondence on the part of a committee with the heads of the Government bureaus, to solve the problem. The final result seems to have been a general yielding of the point on the part of the officials.

It was not until 1875 that the Society began to give any money compensation to any of its officers for their services. In that year the Recording Secretary, Dr. Kleinschmidt, who had served a long time, was paid a small sum. In 1881, when he declined to serve longer, a member of the Society moved to stop paying for the service. It is amusing to note, however, that the next year when a relative of this gentleman was elected to the office, the previous objector moved to restore the stipend, which was done. The treasurer, Dr. Franzoni, who in 1889 had served as such for fifteen years, had received no compensation until that year. In 1891 Dr. T. C. Smith, who had been Corresponding Secretary for nearly thirteen years, received a small sum which was renewed each year until his death. The Society, therefore, had the benefit of a large amount of valuable work without other compensation than thanks. It may be added that on a number of occasions the Society has given an honorarium for some service.

It was in 1897 more especially that the Society began seriously to consider the matter of the narcotic habit, which then meant only the use of opium and its derivatives. It was many years later that Congress passed the so-called "Harrison" Narcotic Law, which was mainly due to the work of a member of this Society, Dr. Hamilton Wright, who died some few months since.

The Society has held joint meetings at times with other Societies, especially the Washington Anthropological Society, Washington Dental Society, and Baltimore medical societies.

In regard to physicians' testimony in court, already mentioned, it may be added that in 1899 the District Bar had under consideration by one of its committees the codification of the laws of the District, or rather a revision of the code. In making this revision an attempt was made to repeal the law in regard to the testimony of physicians, to repeal the charter of the Medical Society, the Medical Practice Act, and Medical College Act. The Society, of course, presented its side of the case and the provisions named were retained.

In 1900 the Society took action toward protecting the people of the District against hydrophobia, making its recommendation for the proper control of dogs.

In 1901 the Society passed a resolution condemning the practice of spitting on sidewalks, and in 1903 supported a regulation of the District Commissioners forbidding the practice.

In 1901, also, largely as the result of the reading of a paper before the Society on the Medical Inspection of Schools, the Committee of the Society on Public Health and Legislation brought the matter before the District Commissioners, the Board of Education and Congress. Congress in 1903 made provision for such inspection, to be under the charge of the Health Office.

The commitment of the insane to an asylum has always been rather an unsatisfactory proceeding in this District, for reasons that I need not stop to discuss. Many efforts have been made by the Society and by persons not members to improve the character of the necessary forms, and, although some improvement has been made, there still is room for more.

Among the many other matters that the Society has considered from time to time and sought through its committees to make better, may be named the following: A new municipal hospital; condemnation of insanitary buildings; consolidation of the medical work of the District government; sale of serums and vaccines in the District; adulteration of food and drugs; abatement of nuisances; reclamation of the Anacostia flats; the dangerous uses of methyl alcohol; the appointment of a medical man on the Isthmian Canal Commission; a public crematorium; child labor; school nurses; registration of births and deaths; sanitary control of barber shops; manufacture and sale of proprietary and patent medicines; a bacteriological laboratory in the Health Office. In a word, it may be said that, almost without exception, the Society has interested itself and taken some appropriate action in support of all measures proposed in the District for bettering sanitary conditions. And it may be remarked that just in proportion as these conditions are bettered the income of the physician is necessarily diminished. This therefore, is altruistic work.

At this point I would say a few words about the Medical Association. At the stated meeting of the Society July 4, 1910, on motion of Dr. Dudley Morgan, the Executive Committee was instructed to report upon the feasibility of securing alterations in the charter of the Society that would permit the consolidation of the Medical Association of the District with the Society. October 12, Dr. G. Wythe Cook offered some amendments which looked toward such consolidation, and November 26, Dr. Chappell made a definite movement in the same direction. November 25, the Medical Association also took action. Dr. Phillips moved

that it be the sense of the Association that it amalgamate with the Medical Society, and Dr. Woodward moved an amendment to appoint a committee to confer with the corresponding committee of the Medical Society on the same matter. The committee was appointed, Dr. H. L. E. Johnson as chairman. In the meantime a bill had been introduced in Congress to amend the charter of the Society with the same end in view. The bill passed the Senate, but was held up in the House of Representatives. January 9, 1911, Dr. Nichols offered a substitute for the constitution of the Medical Society. This also looked toward amalgamation. January 24, also he presented his proposed constitution to the Association, which referred it to the Committee on Amalgamation. April 25 and 26, the joint committee of the Association and Society made a report to each body respectively, endorsing the proposed substitute offered by Dr. Nichols, but somewhat amended. The substitute was adopted by the Association April 25, and by the Society July 3. The bill in Congress having failed to pass the House, July 10 the two Societies were amalgamated under the name of the Medical Society of the District of Columbia, the same officers were reëlected and, November 1, a series of by-laws were adopted. At the same time the committee on amending the charter by Congress was reappointed and instructed to secure the necessary alterations if possible. If not successful, the charter to be repealed.

One interesting question raised by this amalgamation was the status of those who had not been active but associate members of the Medical Association. The American Medical Association refused to recognize them, and the Society got over the difficulty by making all of them *active* members of the Society.

Several times the Society has had the interesting experience of listening to a talk from one of the older members, in the way of reminiscence. Unfortunately these talks have seldom been placed on record for future reference. More than once Dr. Ford Thompson, in his telling way, entertained the Society with incidents of his professional life, but there is not a word on record of what he said. He himself would never take the trouble to put such talk in writing. In one case, however, a record was made; it was in 1883 that Dr. Joseph Borrows gave his reminiscences to which Dr. Flodoardo Howard added some of his. A resumé will be found in the published history of the Society, and in this talk was one statement that is worthy of mention here, namely, that the first recorded use of adhesive plaster in extension for fracture was in 1822 by the elder Dr. Alexander McWilliams of this Society.

In the 100 years of its history the Society has heard many essays read and many interesting cases reported, some accompanied by the patients themselves, others illustrated by speci-

mens obtained therefrom. The discussions on these papers and cases have often been as interesting and instructive as the papers and cases themselves. Members who attended the meetings with regularity heard much that was new, much that was of value. Those who failed to attend doubtless missed much that would have been of value to them. It would serve no good purpose to list these papers and cases, but it may be stated that they represented much original work and observation. Perhaps the most valuable original work was that of Dr. A. F. A. King on the mosquito as related to malaria, a theory of his that many years afterward was demonstrated as a fact. This was not the only work of Dr. King that showed the originality of his genius.

It may be mentioned that the first paper read before the Society, of which there is any record, was by Dr. Thomas Henderson, a member of the Society, but also a Surgeon in the U. S. Army, and was on a subject that we would hardly expect from an Army Surgeon, namely, on "Ovarian disease." This paper was read in July, 1818, and was published.

Up to 1838 we have little definite information as to the papers read. But if we are to judge by the small number recorded as read from 1838 to 1864, 26 years, it would look as if very little work was done up to 1838. The year 1864 began a new régime, which has continued uninterruptedly till now.

The papers read in 1864 were mainly on such topics as vaccination, epidemic cholera, diphtheria, typhoid fever and syphilis. It may be remarked that as our forefathers were denied the advantages of street cars and automobiles, paved streets and telephones, in this city of magnificent distances, the physicians of those days may be somewhat excused if they did not measure up to our ideal of what physicians should do in the realm of medical literature.

It was stated by Dr. J. T. Howard, of the Medical Society, that the credit of the first use of postal cards in this city was due to Dr. Joseph Borrows who, in 1863-4, sent out such cards, duly stamped, to notify members of the meetings.

It was not until 1883, however, that the Society began to notify members by card of the titles of the papers to be read at the meetings.

The first case reported to the Society, so far as shown by the record, and in which a specimen was exhibited, was by Dr. D. R. Hagner, April 19, 1865, a case of heart disease. And the first case in which the patient himself was presented was that of Alexis Saint Martin, May 14, 1856; the famous case in which Dr. Beaumont of the Army made his experiments on stomach digestion through a gastric fistula. The next recorded case in which the patient was presented was February 5, 1859;

Dr. Groux, of Brooklyn, who had a congenital fissure of the sternum necessitating the wearing of a metal plate to protect the heart. The sternum is now in the Army Medical Museum.

On many occasions the Society has listened to addresses by men from outside the District, men who made themselves eminent in the profession, both from the Eastern and Western Hemispheres. The first recorded instance was May 8, 1866, when Drs. C. A. Lee of New York and L. M. Linton of St. Louis discussed epidemic cholera and quarantine. The list of those who have thus addressed the Society includes men from the Army, Navy and Public Health Service, and the various departments of the U. S. Government.

Since the publication of the history of the Society in 1909, which included the work of the Society up to May 5, 1909, covering a period of 92 years, a number of things have occurred that are of sufficient interest to be mentioned. The most important matter was the amalgamation of the Medical Association and the Medical Society already described. This amalgamation had been talked of for several years and finally definite steps were taken toward the union. By this union about a hundred members of the Association who had never been members of the Society, or, if they had been, had ceased to be for one reason or another, now came into the Society and their names were added to the Society list.

October 4, 1911, a committee was appointed to promote the education of the public in medical matters. This committee was expected through publication in the current newspapers, and by lectures, to give to the people of this District definite information in regard to medical matters, such as are usually left to the activities of reporters, who are very likely to make erroneous statements. The committee made a beginning but soon there was criticism upon the articles that were published, whereupon the Society at first suspended publication and finally stopped publication indefinitely. No doubt, however, much valuable information was given to the public.

January 17, 1912, the Society adopted a committee report recommending to Congress the restoration of the canteen to army posts.

The expression of opinion by the Society in matters of public interest being liable to be given without due consideration, it was resolved, January 24, that to prevent any such precipitate action it would be required that a sufficient preliminary notice should be given to all members.

The legislative, executive and judicial appropriation bill for 1917 contained a provision forbidding any employee of the U. S. Government receiving any remuneration from any indi-

vidual or corporation for services rendered such individual or corporation. The effect of such a provision was so far-reaching that a general objection was made to it, and the Society also took action. The provision was modified to obviate the objections.

The bill generally known as the Sheppard Prohibition Bill that was introduced into Congress in 1916, as first drawn, forbade the sale of alcohol by druggists and would have prevented its use by physicians for the many purposes for which it is used in medicine, surgery and the laboratory, not to speak of its use in the arts. The Society was among those who protested against this provision, which was eventually omitted.

As a result of some complaints that were made by physicians who sent patients to hospitals where the patients were treated by members of the staff of the hospital without the consent of the physicians who sent them to the hospitals, the Society passed a resolution requiring the hospital staffs to refrain from attending such patients unless the consent of the physician who sent the patient to the hospital was first obtained.

The new constitution of the Society provided for the formation of subdivisions, called Sections, much after the manner of the various Academies of Medicine in other cities. These sections were to cover more particularly the specialties in practice. A section of Ophthalmology, Rhinology, &c., was formed, and one also, on Nervous and Mental diseases. Interest, however, in the section arrangement seems to have subsided, apparently because there are already some twenty-four special medical societies in the District.

As a fitting conclusion to this brief account of the work of the Society a few words may be said concerning the Society and the present war. Many members of the Society have joined the Medical Reserve Corps, either of the Army or Navy; some have gone on duty at the military cantonments recently established and some have already gone to Europe and are at or near the firing line. The Society has listened to a number of addresses by persons connected with the Army, Navy and National Defense Committee. On the 25th of last April the Society adopted a resolution, a copy of which was sent to the chairmen of the Military Committees of the U. S. Senate and House of Representatives, favoring universal military service, and followed this up by providing for the protection of the practice of those physicians, members of the Society, who are called for military duty. So it may be said that the Medical Society of the District of Columbia has taken its normal place on the side of making the world safe for democracy. Amen and Amen.

THE BANQUET.

RALEIGH HOTEL, WASHINGTON, D. C.

October 17, 1917, at 8 P. M.

President Cook presided. The dining room was decorated with flags and flowers and a band discoursed music. There were about 200 persons present. The guests were as follows:

Dr. Guy Steele, President of the Medical and Chirurgical Faculty of the State of Maryland.

Dr. John Champlin, President of the Rhode Island Medical Society.

Dr. Hoyt E. Dearholt, President of the State Medical Society of Wisconsin.

Dr. E. B. Cooley, President of the Illinois State Medical Society.

Dr. James Beebe, President of the Delaware State Medical Society.

Rev. Wallace Radcliffe.

Hon. Alexander M. Dockery, Third Assistant Postmaster General.

Hon. Louis Brownlow, Commissioner of the District of Columbia.

Surgeon General William C. Gorgas, United States Army.

Dr. Edward Martin, Philadelphia.

Mr. H. Ralph Burton, Attorney for the Society.

Dr. William H. Holmes, President of the Washington Academy of Sciences.

Rear Admiral Charles H. Stockton, President of George Washington University.

Rev. A. J. Donlon, S. J., President of Georgetown University.

Dr. D. S. Lamb.

The members of the Society and their personal guests attending the banquet were as follows:

S. S. Adams	C. M. Beall
C. L. G. Anderson	J. B. Bogan
J. S. Arnold	A. W. Boswell
W. H. Atkinson and Mrs. Atkinson	F. W. Braden and Mrs. Braden
S. B. Bain and Mrs. Bain	W. H. R. Brandenburg
N. P. Barnes	J. H. Bryan
W. M. Barton	E. L. Bullard and Mrs. Bullard
	E. W. Burch

W. T. Burch	R. T. Holden and Mrs. Holden
W. K. Butler	A. B. Hooe
R. B. Carmichael	R. A. Hooe
W. B. Carr	W. H. Hough
W. P. Carr	L. O. Howard
C. N. Chipman	Harry Hurtt
Edith S. Coale	C. W. Hyde
J. T. Cole	W. A. Jack and Mrs. Jack
C. B. Conklin	V. B. Jackson
John Constas	H. W. Jaeger
G. Wythe Cook	N. R. Jenner and Mrs. Jenner
E. P. Copeland	J. Taber Johnson
E. Y. Davidson	L. A. Johnson and Mrs. Johnson
W. T. Davis	L. B. T. Johnson
R. F. Dunmire	P. B. A. Johnson
Johnson Eliot	Kate B. B. Karpeles
Llewellyn Eliot	S. R. Karpeles
M. B. Fischer	H. M. Kaufman
R. A. Fisher	L. F. Kehler
Elnora C. Folkmar	H. H. Kerr
J. A. Foote	G. M. Kober
R. A. Foster	Isabel H. Lamb
W. H. Fox	R. S. Lamb
A. Francis Foye	R. M. LeComte
C. W. Franzoni	D. O. Leech and Mrs. Leech
J. A. Gannon and Mrs. Gannon	Frank Leech
F. H. Garrison	H. T. A. Lemon
Alfred Glascock	J. E. Lind
W. R. Goodman and guest	J. W. Lindsay
T. A. Groover	Thos. Linville
W. C. Gwynn	J. H. McCormick
F. R. Hagner and two guests,	A. M. McDonald
(Col. F. F. Russell and Dr.	T. N. McLaughlin
G. W. Wende)	H. C. Macatee
R. A. Hamilton	Louis Mackall
C. M. Hammett	G. H. Magee and Mrs. Magee
M. E. Higgins, U. S. N.	W. J. Mallory and Mrs. Mallory
D. L. High and Mrs. High	Collins Marshall
S. L. Hilton	Thos. Miller

C. W. Montgomery	Sterling Ruffin
J. F. Moran	E. C. Schneider
E. L. Morgan	J. H. Selby
J. Dudley Morgan	H. A. Sellhausen
W. Gerry Morgan and two guests (Dr. J. F. Bryant, &c.)	A. R. Shands and guest (Dr. W. A. Applegate)
J. M. Moser and Mrs. Moser	D. K. Shute
D. D. Mulcahy	H. L. Simcox, Aviation Corps,
S. B. Muncaster	U. S. A.
J. B. Nichols and Mrs. Nichols	J. Crayke Simpson and guest
Phebe R. Norris	(Mr. Rudolph Kaufmann)
Mary O'Malley	H. M. Smith
Mary A. Parsons	W. M. Sprigg
W. F. Patten and two guests (Dr. W. T. Parsons and Mr. J. Foley)	A. L. Stavely
J. Foley)	E. T. Stephenson
S. B. Pole	I. S. Stone
H. A. Polkinhorn	J. A. Stoutenburgh
D. W. Prentiss and Mrs. Prentiss	J. A. Talbott
Louise Tayler-Jones	L. H. Taylor
M. H. Prosperi and Mrs. Prosperi	Ada R. Thomas
B. M. Randolph	J. D. Thomas
W. P. Reeves	J. Lawn Thompson and Mrs. Thompson
C. W. Richardson, Mrs. Richardson and guests (Maj. W. R. Parker and Maj. V. P. Blair)	M. F. Thompson and Mrs. Thompson
J. J. Richardson	R. R. Walker
W. L. Robins	J. S. Wall
J. D. Rogers	J. E. Walsh
F. O. Roman	W. A. Wells
P. S. Roy and three guests (Drs. J. L. Lewis, W. L. Lewis and M. Chichester)	C. S. White and Mrs. White
R. C. Ruedy	H. W. Wiley and Mrs. Wiley
	Oscar Wilkinson
	W. H. Wilmer
	Frederick Yates

MENU.

	Sterling Points Cocktail	
Celery	Olives	Almonds
	Green Turtle au Madere	
	Boiled Salmon Hollandaise	
	Potato au Beurre	
	Larded Tenderloin of Beef with Mushrooms	
French Peas		Potato Duchesse
	Asparagus Mayonnaise	
Fancy Ice Cream		Cakes
	Coffee	
Cocktails		
Sauterne		
Champagne		

After the dinner, PRESIDENT COOK spoke as follows:

I have no doubt that the Committee of Arrangements felicitates itself that this dinner was arranged to be had before the first of November, because you know a great drought is going to fall on Washington about that time. I do not mean to insinuate that because the dry season will soon be inaugurated, the committee has conspired with Boniface Weston to help him get rid of his surplus stock of *extra dry*. Though there may be some grumbling about the dry time that is coming, I am sure we will all feel better after we get used to it. However that may be, the dinner was a good one, and the committee is to be congratulated on having provided such an enjoyable banquet.

But my function this evening as President of the Medical Society is simply to introduce the Toastmaster. The world moves in circles, and as we have completed our first cycle and the new one is still young, we are putting aside old things and have selected as introductory orator for the evening one who specializes in the young. He is a graceful speaker and his tongue is tipped with eloquence, and we are always glad to hear his musical voice on occasions like this. Among his friends, and they are many, he is affectionately known as "our Joe." I have the pleasure of presenting as toastmaster Dr. Joseph Stiles Wall.

THE TOASTMASTER:

Mr. President, Honored Guests, and Members of the Society.

I am very much afraid our esteemed President has been indulging in verbal camouflage in the course of his remarks. We

were at a loss to know the exact meaning of "camouflage" until our *Journal of the American Medical Association* came to our rescue by publishing a remarkable little poem in explanation thereof, which ran much as follows:

Little dabs of powder,
 Little specks of paint,
 Make the girls' complexions
 Look like what they ain't!

I shall quite forgive our beloved President, however, for once upon a time, upon an occasion much like this, I had the pleasure of referring to him as Ganymede, the Cup-bearer of the Gods. Ganymede, you will recall, was the most beautiful mortal on earth and was taken up to Olympus by Jupiter, where he replaced in office a gentle lady, Hebe by name, thus creating in her mind great jealousy and by this act giving being to the first recorded advocate of woman suffrage.

We have foregathered under the roof of this hospitable hotel, named from one noted for his gallantry to women and his lasting heritage of benefit to the sterner sex through the discovery of Lady Nicotine, and it is interesting to recall that our early founders also convened for that historic meeting in a "tavern." They also gave evidence thus early of their adherence to the principles of culture and erudition by choosing for their meeting place "Tennison's Tavern."

It is interesting to visualize now that first meeting of the Society one hundred years ago, to picture the stern fiber of those early pioneers and to recall the motives which led to their formation of this Society. As we learned from the able review of our Historian this afternoon, these motives were altruistic as well as protective,—to aid in freeing the city from quacks and charlatans ('tis a pity they did not succeed in this effort for all time to come), and to form a sort of "Council of Defense" in the interests of the profession.

But, fortunately, I have not the prerogative of making a speech; I am but a Moses to lead you to the promised land in which you will be regaled by others who have gathered with us to pay tribute to this Society and to the early founders who gave it birth. You will recall that Moses possessed a "mouth-piece," Aaron by name, and it is my pleasant duty to introduce to you our guests clothed with the same official power.

In fact, I am reminded of the persistent efforts of a young playwright who insisted on foisting his manuscript upon a celebrated dramatic producer, one Mr. Tabasco. After repeated repulses the ambitious writer at last said: "But, Mr. Tabasco, can't you use my manuscript in any way upon the stage?" After a moment's reflection Mr. Tabasco replied: "Yes, I can use it.

I can grind it up and use it for a snow storm!" In deference to your comfort, I shall avoid casting about you such a frigid atmosphere.

As a further curb upon any extended remarks from the Toastmaster, let me relate to you an incident of which I read a few evenings ago in the book recently published by Mr. Gerard, our former Ambassador to Germany. Just two months before the outbreak of the war, during the maneuvers at Kiel, a dinner was given to the visiting guests. The British Ambassador was seated upon the right and Mr. Gerard upon the left of Prince Henry, who represented the Kaiser, at the feast. Mr. Gerard was talking with the Prince concerning the dangers of after-dinner speaking and the embarrassments often resulting therefrom, when an officer touched the Prince upon the shoulder, evidently conveying to him the information that the British Admiral and his Staff were about to make their departure. Notwithstanding the rather strained relations commonly known to exist between His Majesty's and the Imperial fleets, Prince Henry rose and proposed the following startling "toast" to the retiring guests. "We are sorry that you are going, and we are sorry that you ever came!" Such an incident conveys an understanding of that remarkable obtuseness in the brains of those of the Teutonic high command, and their equally remarkable facility in "the gentle art of making enemies," attributes which have resulted in the embroilment of four-fifths of the nations of the world in array against the despotism of a single people, who provoked this holocaust of a world war.

There is one among us who will address you in response to our first toast, "Our Country," one who, from long service in the interests of our country, has had opportunity of collaborating with statesmen and executives who have direction of our affairs. He has held posts of prominence, first as Governor of his State, as a representative in the halls of Congress, and now as a member of the executive branch of government, so that he is eminently fitted to speak to you of our needs and obligations in this crucial hour.

He was once a doctor. In conversation with him a few moments ago, he told me that after spending ten years in active practice he became a banker! What a privilege and how rarely is it given to the members of our profession!

I have great pleasure in introducing to you the Honorable A. M. Dockery to respond to the toast "Our Country."

MR. DOCKERY:

Mr. Toastmaster, Honored Guests, Ladies and Gentlemen:

I esteem most highly the privilege of being present at the centennial celebration of the District of Columbia Medical Society

—a privilege and a pleasure I enjoy through the courtesy of my good friend Dr. C. W. Richardson. This association of physicians and surgeons has deservedly a nation-wide reputation, because of the high character and admitted ability of its membership, and for the reason that it is engaged in the ennobling work of relieving the ills to which humanity is heir.

I have had a somewhat intimate relation to this beautiful capital of the Nation for the last thirty-five years, twenty-one years of which I have practically been a resident of this city. So I am proud of every honorable vocation in life represented in Washington, especially the medical profession. For nearly ten years following my graduation from the St. Louis Medical College, in 1865, I was actively engaged in the practice of medicine; and during all of my career in public and private life it has given me pleasure to do what I could to advance the interests of your exalted profession.

My toast tonight is an inspiring one—"Our Country." I regret, however, that I am constrained to indulge in apology, for it was my purpose to prepare something that might possibly be considered worthy of this historic occasion. Official duties, however, prevented and I appear before you without preparation.

The original settlers of this country came here not so much from choice but because they were driven from the old world by the exactions and oppressions of the favored classes. In this wild, free wilderness of the new world they breathed the air of freedom, and it was natural, therefore, that when the time came to establish a government they should reject the age-worn fallacy of the divine right of kings and declare instead the sovereignty of the people. There was then but one nation—Switzerland—which believed in and practiced the doctrine of the rule of the people, but since that time this principle of government has circled the globe. There are now written constitutions effectively recognizing this doctrine, in part at least, practically everywhere except in the so-called Central Powers.

We are now engaged in a stupendous struggle with the despotic military government of Prussia, and the result of the contest will largely determine whether the principles upon which our Republic is founded shall continue to have a world-wide recognition and even greater influence among the peoples of the earth, or whether there shall be a return to the principles of autocracy prevailing when our fathers began the revolutionary struggle.

This spirit of freedom declared by the founders of our Government opened out a most inviting field for industrial achievement. Admittedly, a free man is more efficient than an enslaved man. The organization of our Government not only led

to the establishment of the rule of the people to a greater or less extent by almost all representative nations, but during the comparatively short life of this country our industrial triumphs have been the wonder of the world. The life of this young Republic has in fact been the romance of history. It has been said that the Anglo-Saxon race surpasses all others in initiative, the Teutonic in organization, and the Celtic in administration. The American people combine in a marked degree all of those characteristics, and the result has been the discovery and masterful development of the mighty agencies of steam, electricity and invention upon which rest our industrial accomplishments. I do not indulge in the language of extravagance when I assert that there has been more of real progress during the life of this Republic, the life of the District of Columbia Medical Society covering a century of that time, than the world ever saw in all the ages of its prior history.

The discovery and development of the marvelous forces of steam, electricity and invention have sounded the death knell of provincialism. It was not possible to limit the benefits of this triumph to one country. The ultimate result, therefore, was a world-wide expansion of the progressive influence of governmental, industrial, educational, fraternal, religious, scientific and other uplifting human activities.

In this era of expansion and transformation our country has easily become the greatest nation of the earth. Territorially it has expanded from ocean to ocean and from lake to gulf; and its flag floats on the other side of the globe. The wealth of the United States is estimated at \$250,000,000,000; its population at more than a hundred million; its educational system is unexcelled, and the triumphant banner of the cross has been uplifted in both domestic and foreign fields. American labor is the most highly skilled and productive of all nations and our scientists are world-renowned.

All these evidences of growth, however, would be undesirable if with the accumulation of vast wealth the people of America developed an inordinate greed for gold to the detriment of the primal principles of free government of which Jefferson wrote and for which Washington fought. We must therefore be zealously careful that the growth of material wealth does not bring with it a love of money, benumbing to patriotism and at war with the principles upon which our liberty rests.

In the brief time allotted to me I cannot discuss at length the awful welter of blood across the sea, which began with the invasion of Belgium and France by the armed legions of Germany more than three years ago, and can end only with the overthrow of military despotism. For forty years Germany had been preparing for this struggle, spurred on by the ambi-

tion of her military masters to dominate the world. In all the history of the human race there has been no such tragedy as that enacted since the beginning of the European war and for which the Imperial Government of Germany is wholly responsible. The destruction of life, property and resources is without precedent in all time. Europe has been and is yet a ghastly slaughter-house of human souls.

Under the leadership of the foremost statesman of all the nations—Woodrow Wilson—the United States earnestly strove to keep out of the war, and used her influence to bring it to a speedy close by securing an honorable and continuing peace. These efforts of the President failed, and finally this country itself was forced into the world struggle. There was no honorable, patriotic escape when Germany forbade American merchant ships to travel the open seas—a right guaranteed to us by the international law of centuries. This insolent restriction of the Kaiser was quickly followed by the sinking of American ships, the ruthless murder of our men, women and children, and by sinister intrigue against our peace and safety which no self-respecting nation could permit to pass unchallenged. We are now in the war. It will undoubtedly involve the expenditure of vast treasure and the loss of many American lives; but the American people will fight it out along the lines laid down by our great leader, even though it calls for the last man and the last dollar. Every American, native born or naturalized, should appropriate the inspiring sentiment of Decatur's memorable toast, which will live as long as liberty lives—"My country, in her relations with foreign countries, may she always be right; but, right or wrong, my country!"

The American who is not for his Government now is against it. There has been no twilight zone between loyalty and disloyalty since the declaration of war. No loyal citizen would invite unspeakable dishonor for himself and his country by proposing a step backward now. One hundred million Americans are behind the President and Congress in support of every measure necessary to win this war, and it will be won. It was Nelson, who at the beginning of the great naval contest at Trafalgar, unfurled the battle motto—"England expects every man to do his duty." Upon the threshold of our entrance into this world war President Wilson, in words that will live forever, summoned every American to do his duty, and that duty is represented by a full measure of devotion to every interest of our beloved country. Duty calls upon all to buy Liberty Bonds, to help the Red Cross, and meet every other requirement of the Government to properly care for our boys in France and elsewhere, whether on land or sea. If we do our duty here, the Navy and the boys in the trenches will do their duty "over

there." I have no doubt as to the result, and when Pershing brings back the Stars and Stripes in triumph, our boys will raise such an exultant shout in their great parade at this National Capital that its echoes will be heard around the globe—and never again will tyrant challenge the valor and justice of this free people.

THE TOASTMASTER:

We are fortunate in having among our guests representatives of several of our "sister societies." One of these, Dr. Steele, of Maryland, spoke to us this afternoon on behalf of the Medical and Chirurgical Faculty of Maryland, of which our Society is a direct descendant. In recognition of his able tribute of our afternoon's session the toastmaster has promised to let him off from his allotted place upon the program of this evening. Our sister societies are represented as far west as Wisconsin, and in the east by a State which we were wont to learn of from our early geographical studies as the smallest State in the Union, but the one most abundantly provided with capitals. One of these capitals has since been placed in prominence through the enthusiasm of its health officer, Dr. Chapin, of Providence, so that Rhode Island no longer vies with the District of Columbia in rivalry of relative size alone. We shall now hear from the President of the Rhode Island Medical Society, Dr. Champlin.

DR. CHAMPLIN said:

Mr. Toastmaster, Members of the Medical Society of the District of Columbia, and Ladies:

It was to be hoped that Rhode Island was small enough to escape the eagle eye of your toastmaster. Unfortunately, it was not. I will, however, console you by promising that the length of my remarks will be in proportion to the size of the State. The Rhode Island Medical Society brings greetings to the Medical Society of the District of Columbia on its one hundredth anniversary, and wishes your next one hundred years may be filled with achievements and success.

Incorporated in 1812 we are your older sister. Older sisters are supposed to enjoy the prerogative of giving much advice to the younger sisters. In this particular case no such advice is necessary. We must rather compliment you on your great accomplishments, one of which has been the large percentage of your body who have joined the Medical Reserve Corps.

On our one hundredth anniversary we dedicated a fine new Medical building in the very center of Providence, which has proved a most comfortable home for the Society and its Library. I understand you are contemplating building such a home, which I hope you will enjoy as much as we have ours.

The advantageous point of view of the toastmaster over his poor victim, who must respond to his toast, is well illustrated by the story of the two Jews.

Ike comes to his brother Jake with a terrible tale of woe, stating that the market had gone down, and that his broker had called upon him to raise \$10,000 additional margin before 10 o'clock. Ike pleads with Jake to loan him the money, which Jake finally consents to do. Ike then falls on Jake's neck and tells him what a good brother he is to loan him that money, and how their dear mother will look down from Heaven and be pleased to see the one brother help the other brother. Jake tells him to never mind about all that, just sign the note for \$10,000. When Ike reads the note he finds the interest to be nine per cent. He remonstrates with Jake for such a high rate of interest, and again calls attention to their mother in Heaven, who will look down and see the excessive rate charged by one brother to the other. In a consoling tone Jake reassures Ike that their mother will not care, for from where she looks, it looks like six.

The Irish Socialist also had a different point of view from his brother Pat. He explained to his brother Pat that a Socialist was one who wished to divide up all wealth with his fellow man. Says Pat, "If you had a million dollars would you give me half of it?" "Shure," says Mike. "And if you had two houses would you give me one of them?" "Shure I would," says Mike. "And if you had two goats would you give me one of them?" "Indeed I would not, you know damn well I *have* the goats."

I wish to thank you for your generous hospitality and for the honor conferred upon me in placing me at this table to the right of the greatest medical man in the world today. I propose that we all stand, and give three rousing cheers for the greatest medical man in the world today, General William C. Gorgas. [The cheers were given.]

THE TOASTMASTER:

Wisconsin has ever been in the forefront in matters relating to public health. You are familiar with the publicity which has been accorded her most pronounced bit of health legislation, the so-called eugenic marriage law. The toastmaster happens to be rather fully armed concerning the attributes of our next speaker. It so happened, that a few days since, in the city of Richmond, I sat enthralled while listening to the recital of all that Dr. Dearholt had done in matters affecting the public health of the State of Wisconsin. He has, from his official position, been insistently active in promoting all measures for the control of the spread of tuberculosis. But this does not cover

one-half of his labors. He has established a child welfare commission which has undertaken state-wide endeavors. He has personally been responsible for the establishment of over seven hundred public health nurses throughout the State and has been in the van of all efforts toward the betterment of every health measure promulgated for the benefit of its people. I trust he will feel no embarrassment from this brief recital of his own personal labors, for he has had no inkling of my knowledge of them; nor further from the fact that I learned of them from the lips of a most gracious lady! We shall now hear from Dr. Hoyt E. Dearholt, President of the Medical Society of Wisconsin.

DR. DEARHOLT:

Following my introduction as a citizen of Wisconsin, and the stirring patriotic address of my eloquent neighbor, Dr. Dockery, perhaps I may be permitted to state that I am in nowise responsible for the fact that Wisconsin is represented in Congress in such times as these by our senior senator. That his views, furthermore, are not representative of the Wisconsin medical profession is borne out by the creditable record being made by Wisconsin physicians in enlistment in the Medical Officers' Reserve Corps.

It is needless to state that it is a great privilege to be present upon such an occasion, as the representative of the great medical society of the great State of Wisconsin, and to bring the greetings and congratulations of that society to you in this celebration of the completion of the first century of your honorable record.

Nor is the pleasure of a visit to the most beautiful of cities marred, particularly, by the difficulty of the visitor in finding a place to lay his head, which difficulty is suggestive of the experience of some of our physicians who attended a meeting of the American Medical Association in Atlantic City when it, too, was overcrowded by visitors.

Atlantic City, as everybody knows, in addition to being a popular convention city, is a favorite place in which to hold the last rehearsals of theatrical companies, and to "try out the production on the dogs." As my friends stood in the lobby of the second class hotel, in which they had been able to secure accommodations, after having been turned away from the better class hotels, they noticed a large number of rather flashily dressed young women leaving the hotel together. This suggested to one of the physicians to ask the clerk if these women, also, were in attendance at a meeting or convention. The clerk looked as disdainful as only a hotel clerk can, and said: "H——, no, they're chorus girls, and chorus girls ain't got no conventions."

The members of our State society did a very unconventional thing when they elected me president, inasmuch as I am not a practicing physician, and in my present work am quite as much a representative of the non-medical public as of the medical profession. They paid for their unconventionality by being compelled to listen to a lecture in my presidential address upon a subject which I never miss an opportunity to harp upon when I have the chance of addressing any number of physicians, viz: the relationship between the medical profession and the general public as it concerns the control of our great disease problems. I do not know but that you physicians of the Medical Society of the District of Columbia are taking your full measure of responsibility and seizing your full opportunity of assuming that leadership you should in public campaigns against disease. But if you are, you are exceptional. I am ready to admit you are exceptional on the evidence this dinner offers, but I mean as regards leadership in socio-medical matters.

It is so frequently a source of chagrin to me, as a member of the medical guild, when in attendance at meetings on tuberculosis, cancer, infant mortality and other public health subjects, to see social workers who, though under-educated in science, nevertheless by their zeal and enthusiasm assume and carry away the mantle of leadership which should rest upon the shoulders of big medical men. But it is more than a petty guild spirit which is injured, for I am well satisfied that many of these great patriotic, civic and social movements will never go so far nor so fast as they are capable of until medical men assert themselves and assume the authority which the science of medicine confers upon them.

The needs are now such that it is high time to break down the last of the barriers which separate physicians as a class apart from the general public. When established scientific fact superseded dogma and faith in the treatment of the sick, enlightened mankind turned from professors of creeds to possessors of knowledge. This removed any warrant for physicians to consider themselves or permit themselves to be considered as any longer a form of priestly caste. Medicine is establishing itself upon an increasingly impersonal basis. As time goes on and the public secure better standards by which to measure the ability of respective medical advisers, only the incompetent physicians will have anything to gain by partial retirement behind cloister walls. The world needs the public leadership of physicians, and this is no time in which to maintain overnice and overdignified attitudes of modesty and retirement which were assumed when conditions in the world were in nowise comparable to those of today.

But who am I, a youthful representative of your younger sister society, to speak to you in this didactic and more or less sermon-

izing manner? Doubtless it had been far more fitting and respectful of your dignity as an older sister society merely to have tendered our congratulations and to wish you many happy returns of the day, which I now do most heartily.

THE TOASTMASTER:

Among our guests there is also another from a western State, for in the effete east we still consider Illinois far in the west.

I have pleasure in presenting to you Dr. E. B. Cooley, President of the Medical Society of the State of Illinois.

DR. COOLEY, in response to a request for a copy of his speech, says: "In all candor I have tried to reproduce my remarks on paper; but so much time has elapsed and so many things were crowded into my trip that it can not be done. Please take my word for this; but without your beautiful banquet, your traditions and your wonderful people, a fellow can't do much, and we would both be disappointed."

THE TOASTMASTER:

Your toastmaster is a little at a loss to understand in which position he finds himself, whether he represents the railroad superintendent or the switch-man. He prefers to believe that he is the latter, in which event, it is evident that in calling upon Dr. Cooley to address you, he did not "sleep at the switch."

The Medical Society of Washington has ever been alert to interest itself in matters pertaining to the public health of the city. You will remember from the address of Dr. Lamb this afternoon upon how many occasions the Society has aided the municipal authorities in securing for the city much needed legislation in matters relating to health. Largely through the efforts of its representatives an adequate system of sand filtration was established, so that this crystal water is provided as a solace for those who may endure hardships after the first of November which will usher in a period of great drouth!

We are to hear from one of the Commissioners of the District of Columbia, and it may not be amiss to state that during his membership upon the board, greater increase in the scope of health legislation has been attained than in any other administration. During the past year, through the efforts of the present Board of Commissioners, there have been secured from Congress appropriations for our Health Department aggregating forty per cent more than in the preceding year.

It gives me pleasure to introduce the Honorable Louis Brownlow, who will respond to the toast "Medical Legislation in the District of Columbia."

MR. BROWNLOW has not furnished a copy of his speech.

THE TOASTMASTER:

Once upon a time there was a farmer who left his plow in the furrow to become a soldier, thereby creating for himself great fame in history, and his name, Cincinnatus, is now borne by great cities and societies of patriots. Once upon a time, also, there was a soldier, a soldier-surgeon, who forged his sword into a pruning-hook and his scalpel into a plough, and, forsaking military paths, blazed a trail through the forests to sever continents.

General Gorgas needs no introduction to this company. (Applause.) His name has become a household word throughout the United States, and it is with some spirit of pride and gratification that we remember as his early associates in stamping out the scourge of tropical diseases several of our own associates—the lamented General Sternberg, Walter Reed and James Carroll.

How peculiarly fortunate is our country in this time of trial to have found as the incumbent of the post of Surgeon General one to whom in every confidence may be entrusted the health and lives of the thousands of our young manhood who have entered the ranks of the service.

I take pleasure in presenting to you Surgeon General William C. Gorgas, who will respond to the toast “Medicine in the Service.”

[In response to a request for a copy of his speech, GENERAL GORGAS wrote: “I kept no notes of my remarks at the celebration the other night and so am unable to act as you request.”]

THE TOASTMASTER:

During those early years of the last century, one of which we commemorate tonight as having been the one to give us birth, the city of Philadelphia was the center of medical thought and professional attainment. You will recall from our early history that the first meeting of the physicians of this city was called to take recognition of the death of Dr. Benjamin Rush, one of the signers of the Declaration of Independence.

It is furthermore of interest to know that in our own city at the present time the only statue erected to the memory of an American physician is that of the late Samuel D. Gross, one of Philadelphia's greatest men.

We have with us as our guest one of her citizens who has attained a station of eminence in his chosen branch of the profession. Some members of this Society have been under his tutelage as a teacher in one of Philadelphia's oldest institutions. We shall now hear from Dr. Edwin Martin, who will respond to the toast “The Medical Profession.”

In response to a request for a copy of his speech, DR. MARTIN wrote: "What I said on the evening of your banquet was not in the least what I intended to say, but rather a few passing remarks, because many of the speeches were long, the people were tired, and they wanted only brevity, politeness, with perhaps a little touch of humor. These three things do not go well in print, and I have quite forgotten how I filled what seemed to be the requirements of the moment. I had really planned a rather serious talk, which would have been entirely out of place. You can simply put me down as passing the time of day."

THE TOASTMASTER:

Our next toast is entitled "The Future of the Medical Society." It should, perhaps, have been worded the "Past" as well as the "Future," for one of our members who will respond to this toast has in no little way contributed to the growth and virility of our Society in past years. He has ever been among the progressives who have labored so diligently to maintain the standards of our organization, and may I not mention that the success of this centennial celebration has been a fitting climax to his record of personal achievement in behalf of the interests of the Medical Society of Washington.

It is with pleasure that I introduce to you Dr. John B. Nichols.

DR. NICHOLS:

THE FUTURE OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

If the handful of men who in 1817 founded this Society had attempted to forecast the future, they could not in the wildest flight of imagination have dreamed of the magnitude of the developments of the next hundred years.

From the 16 original founders, nearly all the physicians at that time in Washington and Georgetown, the Society has grown to a present membership of 565. The population of the District of Columbia then was about 22,000; now nearly 400,000. The United States has grown from a narrow zone of civilization along the Atlantic coast, with a vast and unknown hinterland, to a continental empire, by far the richest country on the earth.

The past century has seen vast advances in medical science and art, greater progress than had taken place in all previous time. The stupendous scientific achievements in internal medicine during the past century were made possible solely by a radical revolution in the methods of medical thought. For 2,300 years, from the time of Hippocrates, medicine had been under the sway of speculative or subjective epistemological methods,

which had kept it during that long period in a state of stagnation, barrenness and inefficiency. The year 1817, so far as internal medicine was concerned, was absolutely in the Middle Ages of thought. But within the next few years came the Renaissance or intellectual awakening in this field, which marked the end of the medieval period and the beginning of the modern era. With the introduction of the fruitful scientific or objective method the advances in the knowledge and technic of the healing art have ever since been coming in stupendous volume.

With these examples of the achievements of the past century in mind, who could even attempt to picture the possibilities that the coming century may have in store for us?

We need not dwell on the material and scientific prospects for the future, as we can confidently expect future continuance along those lines of the progress made in the past.

In many other respects the affairs of this Society are in satisfactory condition. Our membership will compare favorably with that of any other jurisdiction in professional ability and personal character. Our Society has an efficient, democratic and smoothly-working organization. Our members are as harmonious and fraternal as could be expected, and we are remarkably free from cliques, factions and dissensions. Our affairs are very tranquil and placid. Perhaps they are too placid; for placidity is the next thing to stagnation.

It is essential for the greatest success and usefulness of this Society that the interest and participation of its members in its activities be maintained and stimulated, that a high quality of its scientific proceedings be cultivated, and a social and fraternal spirit be fostered.

While our proceedings are doubtless equal to those of other similar societies, many of our ablest members do not give us the benefit of their knowledge and their experience, thereby depriving the medical profession of this District not only of valuable technical edification, but also of the inspiration, the stimulation, and the tone which their active coöperation would afford us. There are various reasons for this: such as personal indolence and indifference; to be overcome by cultivating the individual spirit and will to give our best to the Society, and to obtain from the Society the best it has to offer us.

The activities of the numerous small medical societies of this city exert a weakening effect upon the general Society. The social features of the small societies and the personal friendships and associations engendered in them are attractive and pleasurable. Many of our members give the best of their efforts and interest to the smaller organizations, and their scientific proceedings are usually of excellent character. These conditions, however, seriously detract from the quality of the transactions of

the main Society. Could the choicest literary and scientific material presented in the minor societies be utilized in the general body, our proceedings would easily attain a plane surpassed by no similar organization. Could the interest and energies and enthusiasm of our membership be actively exercised in behalf of the purposes and activities of this Society, which represents the medical profession of the District of Columbia organized and united, the influence of this body for the good of the community and the benefit and honor of the profession would be enhanced.

It is unfortunate that the best efforts of many of our best men should be exerted only for small groups instead of accruing to the benefit of the entire local profession. Surely worthy contributions deserve the largest and widest audience possible; and personal influence and abilities should be exerted in the largest field available. In a way it is a duty to present the results of our special studies and experience to the profession; their general knowledge and efficiency will be thereby enhanced, and through that the community and the world at large will gain ultimate benefit.

So a great object of our activities in the future is to arouse the interest and coöperation of our members. Whatever courses will accomplish that result should be pursued. Perhaps we should have more social meetings or smokers; perhaps an annual banquet (perhaps with our ladies included), to be made a periodical event in the life of the city. It is to be hoped that this centennial occasion will stimulate our enthusiasm and our energy for the years to come. Indeed, this centennial year has seen the inauguration of several movements indicative of a quickening of the spirit of the Society and promising important developments for the future.

One of these is the appointment of a committee to promote attendance at our meetings. This is under the able charge of Dr. Boswell.

Another is the Federation Committee, under Dr. Gannon. The motto of this committee is *E pluribus unum*, and its object is "to promote the relations between the secondary societies and the general Society, with the purpose of cultivating the personal and social relations of the entire membership and strengthening the scientific and other activities of the Medical Society of the District of Columbia."

A great enterprise now engaging the efforts of our Society is the obtaining of a building for a meeting place and headquarters. We need such a building; we can afford it; so why not go ahead and get it? Other organizations, with fewer members and less financial resources than ours, have enough spirit and gumption to provide themselves with adequate buildings. At a conservative estimate the aggregate annual income of the 565 members

of this Society must be at least a million dollars. An average contribution of one per cent of our annual incomes would yield \$10,000 a year, or \$100,000 in ten years. This should not be a prohibitive or excessively burdensome tax, and could easily be made up by little economies that would hardly be noticed. The great majority of our members seem very favorably disposed to the enterprise and are subscribing liberally. To Dr. Davidson is due the credit for instituting and pushing this project; it is gaining impetus, and the outlook for a successful outcome is very promising. The building would greatly strengthen the Society, stimulate the interest of the members, and benefit the profession and the community. It will be a worthy achievement for the early years of our second century to see consummated.

What I have said may seem homely and commonplace; yet it is not uncalled for at this time to emphasize the need of this Society for the active interest and coöperation of all its members. The Society calls on every one of its members for generous attendance at its meetings, for his allegiance and enthusiasm, for his active participation in all its activities. The Society calls on every member to contribute the scientific and clinical material at his or her disposal, to discuss the papers, and to present his views and experiences. It calls on each for his aid in great public movements. It is calling on him now for a much needed building. To meet these calls will require a little personal effort and self-sacrifice; but that effort will contribute to the common benefit and toward the consummation of the worthy and comprehensive object of this Society as expressed in its constitution, "the promotion of the science and art of medicine and sanitation and the interests of the medical profession."

In the face of the world crisis now confronting us we could not engage in an affair of this sort in a spirit merely of festivity. This is not merely a celebration of past achievements, or a jubilation over present conditions; it is still more a consecration and dedication of our lives and our services to the duties of the future. Our second century opens for us a prospect of great opportunities and great possibilities. The medical profession has proudly set for itself lofty ideals of service in the cause of humanity. The Medical Society of the District of Columbia must do its share in the attainment of those ideals. We will not achieve these results by standing back in pompous dignity or assuming an attitude of pharisaical self-glorification; we can not expect the world to render homage at our shrine unless we earn its esteem by our own efforts. The world demands results, and not pose. To carry out the activities necessary to the attainment of our high ideals requires constant individual effort, energy and self-sacrifice. If we dedicate ourselves to that personal service, then, great as have been the achievements of the past century, the prospects for the next century will be equally glorious.

THE TOASTMASTER:

The proceedings of the evening were opened with a toast to "Our Country." It is fitting that they should close with one "To the President of the United States."

LETTERS OF ACCEPTANCE AND DECLINATION.

The following letter was received from the White House:

TO DR. NICHOLS:

The President regrets his inability to accept the courteous invitation of the Officers and Members of the Medical Society of the District of Columbia to be present at the celebration of the One Hundredth Anniversary of the founding of the Society, Wednesday afternoon, October seventeenth, nineteen hundred and seventeen, Washington.

Letter of Dr. G. Wythe Cook to the President of the United States:

THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA,

September 26, 1917.

DEAR MR. PRESIDENT:

The Medical Society of the District of Columbia is a hundred years old today, and we have arranged to celebrate the event on October 17th at two o'clock P. M. in the auditorium of the New National Museum, where Dr. Wm. H. Welch will deliver the congratulatory address. There will be a banquet in the evening at the Raleigh Hotel.

A formal invitation has already been sent you, and on behalf of the Medical Society I am writing to ask you to honor us by being present at both events, or either, and to make an address if you will. It will be very gratifying to us if you will dignify the occasion by being present. The members and their wives will be delighted if Mrs. Wilson will be so gracious as to come too.

Very respectfully,

G. WYTHE COOK, *President,*
The Medical Society of the District of Columbia.

The following in reply to Dr. Cook's letter :

THE WHITE HOUSE, *Washington, September 27, 1917.*

MY DEAR DOCTOR COOK :

I wish that I could be free to accept the cordial invitation which you extend to me to participate in the celebration of the one hundredth anniversary of the Medical Society of the District of Columbia, but, unhappily, my public duties are so exacting that it is quite out of the question for me to accept invitations of this sort. Pray accept my warm thanks for your courtesy and my hearty congratulations on the anniversary.

Cordially and sincerely yours,

(Signed) WOODROW WILSON.

DR. G. WYTHE COOK,

President the Medical Society of the District of Columbia,
3 Thomas Circle.

Letter of regret from Senator H. C. Lodge; he could not accept because he would be in Massachusetts at the time.

Letter of acceptance from Commissioner Louis Brownlow, who attended the banquet and made remarks.

Letter of regret from Commissioner John G. D. Knight, Brig. Genl., U. S. A.

Letter of regret from Commissioner W. Gwynne Gardiner.

Letter of acceptance from Hon. A. M. Dockery, Third Assistant Postmaster General, who attended the banquet and made remarks.

Letter of regret from honorary member Dr. W. W. Keen, of Philadelphia, Pa.

Letter of regret from honorary member Dr. F. C. Shattuck, of Boston, Mass.

The following letter from honorary member Dr. A. Jacobi, New York City :

JOHN B. NICHOLS,

Chairman, Medical Society, District of Columbia.

Exactly a century ago a pandemic of cholera busied itself in immolating a large part of the living. Infection killed many thousands. At present, after 100 years, mankind seems anxious to sacrifice millions of the living, by massacres, bestiality and de-

moralization. It takes our profession, it alone, it seems, to relieve or save hecatombs of victims, and to demonstrate the fact that those who are inhabiting the two hemispheres are still human, if no longer humane. Indeed the world has been active year after year to reduce what appears to work for the annihilation of creation. Your year, 1817, is one of those which added to general improvement. That very year the University of Liège was founded. The brutality of enemies has preferred to conquer and destroy it. It so happened that in the same year the Friedrich Wilhelm Institute, a part of the young University of Berlin, was established. It is almost an anachronism that the most creative and humane men of our science and art, Virchow and Helmholtz, were schooled in that place which appears to have lived to have proved the most vindictive and pitiless enemy of humanity. It may give us some satisfaction that the same year exhibits activity in our profession. In 1817 James Parkinson published his novel knowledge of paralysis agitans, and John King of extra-uterine pregnancy, and our countryman, Ephraim McDowell, with two others, his case of his Mrs. Crawford whom he had operated on in 1809.

Your anniversary must not pass without affording to your friends and those of our common interests an opportunity to offer congratulations. Like many of our American and local professional men, I have been of those who have known your Society as one of the useful and successful bodies. Now and then I have been present at your meetings. Indeed you have given me a possibility to appear before you, and I wish to express to you my gratitude for that privilege. More thanks, however, I owe you for the frequent occasion to learn through your contributions to our science and art. My congratulations I combine with my wishes for your constant success as a learned and ethical society, for your permanent growth of your scientific advancement and your high position amongst the progressive and erudite bodies of our great country.

Very gratefully and respectfully,

(Signed) A. JACOBI.

19 East 47th St., New York,
October 15th, 1917.

Letter of regret from Dr. C. H. Mayo, President of the American Medical Association.

Letter of regret from Dr. A. D. Bevan, President elect of the American Medical Association.

Letter of regret from Dr. W. C. Braisted, Surgeon General, U. S. Navy.

Letter of regret from Dr. Rupert Blue, Surgeon General, U. S. Public Health Service.

Letter of regret from Dr. W. H. Welch, of Johns Hopkins University; had to attend a meeting in Baltimore, Md.

Postal card from Dr. Sir Wm. Osler, Oxford, England, honorary member of the Society, sending "Congratulations to the Society on reaching its hundredth year of centennial existence. Best wishes for another prosperous century."

Letters of regret were also received from the following Presidents of State Medical Societies:

From Dr. W. D. Partlow, Medical Association of the State of Alabama.

From Dr. Wm. Breathwit, President of the Arkansas Medical Society, who added the following:

As the presiding officer of the Arkansas State Medical Association, I desire to convey to you the heartiest good wishes from the seventy organized societies out of the seventy-five counties comprising the State of Arkansas. Your association was approaching maturity when our State was admitted to the galaxy of statehood, but today we stand splendidly organized, every county working in absolute harmony and the State association measuring up to a very high standard when one considers the character of membership that needs must constitute its personnel. I would that you extend your association our grateful thanks for the kind invitation extended to us and would have you believe that we most heartily participate in your every wish and effort looking to the betterment of medical organization.

From Dr. J. H. Barbat, Medical Society of the State of California.

From Dr. E. K. Root, President of the Connecticut State Medical Society.

From Dr. R. N. Greene, President of the Florida State Medical Association; was on duty with troops at Camp Wheeler, Ga.

From Dr. C. S. Moody, President of the Idaho State Medical Society.

From Dr. J. H. Oliver, President of the Indiana State Medical Association.

From Dr. Clarence Pearson, President of the Louisiana State Medical Society.

From Dr. J. O. Spalding, President of the Maine Medical Association.

From Dr. S. B. Woodward, President of the Massachusetts Medical Society; who added that his society is now in its 136th year, and from its serene old age is perhaps inclined to look with tolerant amusement at the gambols of the centenarians now in rapid succession coming forward for recognition.

From Dr. A. P. Biddle, President of the Michigan State Medical Society.

From Dr. H. M. Workman, President of the Minnesota State Medical Association.

From Dr. Arthur Morrow, President of the Medical Association of Montana. .

From Dr. Philip Marvel, President of the Medical Society of the State of New Jersey.

From the Secretary of the Medical Society of the State of New York, stating that the President, Dr. Alexander Lambert, is in France, doing reorganization work for the Red Cross.

From Dr. C. L. Mullins, President of the Nebraska State Medical Association, which is now fifty years old.

From Dr. E. O. Smith, President of the Ohio State Medical Association.

From Dr. G. Villaronga, President of the Medical Association of Porto Rico.

From Dr. F. H. McLeod, President of the South Carolina Medical Association; prevented from attending by duties in connection with the Liberty Loan.

From Dr. E. T. Newell, President of the Tennessee State Medical Association.

From Dr. S. C. Baldwin, President of the Utah State Medical Association; was on duty at Camp Doniphan, Fort Sill, Oklahoma.

From Dr. C. H. Beecher, President of the Vermont State Medical Society.

From Dr. G. A. Stover, President of the Medical Society of Virginia.

From Dr. C. S. Wilson, President of the Washington State Medical Association; was in army service.

Letters of acceptance from the Presidents of the following State Medical Societies:

From Dr. James Beebe, of the Delaware State Medical Society, who also attended.

From Dr. E. B. Cooley, of the Illinois State Medical Society, who also attended and took part in the exercises at the banquet and, on returning home, wrote to Dr. Nichols that "among my most pleasant memories will be that of my visit to your wonderful Society upon its centennial day, and your own kind hospitality."

From Dr. Guy Steele, of the Medical and Chirurgical Faculty of Maryland, who also attended and made the congratulatory address at the afternoon meeting at the National Museum.

From Dr. John Champlin, of the Rhode Island Medical Society, who also attended and took part in the exercises at the banquet.

From Dr. H. J. G. Koobs, of the South Dakota State Medical Association, who, however, was prevented from attending.

From Dr. H. E. Dearholt, of the State Medical Society of Wisconsin, who attended and took part in the exercises at the banquet.

The following correspondence was read to the Society Nov. 7:

807 ST. PAUL STREET, BALTIMORE, MD.,

October 23, 1917.

DEAR DR. COOK:

On receipt yesterday of the program of the Centennial meeting of the Medical Society of the District of Columbia—the first one which I had seen—I was surprised to see that I was down for the congratulatory address. Explanation and apology are due you and the members of the Society for my failure to appear.

If, as I suppose must be the case, I had promised to give this address, it was so long ago that the fact had entirely escaped my memory, and, unfortunately, I had made no memorandum in my calendar. I cannot recall that I had received any subsequent reminder before the meeting, either by letter or by receipt of the program, although I received the formal invitation to the celebration, as well as your cordial personal letter to be present at the exercises and at the banquet.

Had I known that I was scheduled for the address I should not have allowed another engagement to interfere with my presence, and even without such participation I should in any case have made every effort to attend such an interesting and important occasion, had not the North Atlantic Tuberculosis Conference arranged for their annual meeting in Baltimore on the same day. Without remembrance of my engagement with your So-

ciety, I several weeks ago consented to give an address before this conference, and felt bound to be here. I should not have made this latter engagement if my previous one with the Medical Society of the District of Columbia had not clean gone out of my memory.

I regret very much whatever disappointment I may have caused you and the Society, and feel that I owe you this explanation and my apologies.

I understand that the celebration and banquet were a great success and I regret that I could not have been present and contributed something to the occasion.

With best regards, I am very sincerely yours,

(Signed) WILLIAM H. WELCH.

DR. G. WYTHE COOK,

President, Medical Society of the District of Columbia,
Washington, D. C.

October 25, 1917,

DEAR DR. WELCH :

Your letter is just received. It was indeed a great disappointment to us that you could not be present at our Centennial. We were anticipating your address with great pleasure as the principal one of the occasion. We delayed the exercises as long as we reasonably could hoping that you would soon come. Our disappointment was somewhat assuaged, however, by Dr. Guy Steele, the President of the Medical and Chirurgical Faculty of Maryland, who gallantly sprang into the breach and saved the day for us. And he has our undying gratitude. I am truly sorry that you could not be present. Our friends tell us that the whole occasion was a grand success. Your telegram reached my house after I had gone to the auditorium and I did not get it until my return. I read it at the banquet that evening and I will have your letter read at the next meeting of the Society. Regretting more than I can tell you the unfortunate contretemps, I am

Yours, very sincerely,

(Signed) G. WYTHE COOK.

OFFICERS OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA SINCE MAY 5, 1909.

Presidents: W. M. Barton, 1911; W. P. Carr, 1913; G. Wythe Cook, 1917; E. Y. Davidson, 1916; Frank Leech, 1915; Louis Mackall, 1910; J. B. Nichols, 1912; J. R. Wellington, 1914.

Vice Presidents: C. M. Beall, 1917; A. W. Boswell, 1915; J. W. Chappell, 1913; E. Y. Davidson, 1914; R. A. Holden, 1914; D. O. Leech, 1910; H. T. A. Lemon, 1911; E. L. Morgan, 1913; M. H. Prosperi, 1917; J. D. Rogers, 1916; P. S. Roy, 1910; W. M. Sprigg, 1912; A. L. Stavely, 1915; I. S. Stone, 1916; J. R. Wellington, 1912; W. A. Wells, 1911.

Corresponding Secretary: A. L. Hunt, 1914-6; T. C. Smith, 1910-13; J. L. Thompson, 1916-17; Prentiss Wilson, 1913.

Treasurer: C. W. Franzoni, 1910-17.

Recording Secretary: H. C. Macatee, 1910-17.

Librarian: E. L. Morgan, 1910-11.

Censors: E. A. Balloch, 1911-13; Edmund Barry, 1915; A. W. Boswell, 1916, 17; A. J. Carrico, 1916, 17; H. B. Deale, 1910, 11; A. F. Foye, 1915; F. R. Hagner, 1910, 11, 14; I. J. Heiberger, 1913, 14; A. B. Hooe, 1913, 14; L. A. Johnson, 1911, 12; H. M. Kaufman, 1915; D. O. Leech, 1910, 12; Frank Leech, 1914; Louis Mackall, 1914; G. B. Miller, 1911, 12; J. F. Moran, 1910, 11; W. J. Reeves, 1915-17; L. H. Reichelderfer, 1911-13; P. S. Roy, 1916, 17; J. O. Skinner, 1913; A. R. Thomas, 1912, 16, 17; J. S. Wall, 1910, 11; C. L. Waters, 1915; J. R. Wellington, 1911.

Vice President American Medical Association: 1912, H. D. Fry.

Vice President Washington Academy of Sciences: S. S. Adams, 1913; W. M. Barton, 1911; G. Wythe Cook, 1917; E. Y. Davidson, 1916; Frank Leech, 1915; Louis Mackall, 1910; J. B. Nichols, 1912; J. R. Wellington, 1914.

COMMITTEES OF THE MEDICAL SOCIETY SINCE MAY 5, 1909.

Amalgamation of Medical Society and Association, 1911: *For the Society:* J. W. Chappell, G. Wythe Cook, H. D. Fry, D. O. Leech, J. B. Nichols, W. M. Sprigg, J. Van Rensselaer. *For the Association:* W. M. Barton, L. J. Battle, E. H. Egbert, H. L. E. Johnson, W. O. Owen, H. P. Parker, L. H. Reichelderfer.

Attendance, 1917: S. S. Adams, W. M. Barton, A. W. Boswell, A. J. Carrico, E. Y. Davidson, J. A. Gannon, C. W. Hyde, H. T. A. Lemon, C. A. Simpson, J. L. Thompson.

Building, 1917: W. H. Atkinson, W. M. Barton, J. R. Biggs, A. W. Boswell, W. P. Carr, E. Y. Davidson, H. A. Fowler, A. F. Foye, J. A. Gannon, W. C. Gwynn, F. R. Hagner, H. H.

Hazen, C. W. Hyde, V. B. Jackson, L. A. Johnson, L. B. T. Johnson, S. R. Karpeles, H. H. Kerr, D. O. Leech, Frank Leech, T. N. McLaughlin, H. C. Macatee, Louis Mackall, C. C. Marbury, W. G. Morgan, J. J. Mundell, J. B. Nichols, C. W. Richardson, J. D. Rogers, P. S. Roy, E. G. Seibert, A. C. Stanley, J. A. Talbott, L. H. Taylor, A. R. Thomas, J. D. Thomas, J. L. Thompson, C. S. White, Prentiss Willson.

Cancer Clinic, 1916: Truman Abbe, E. A. Balloch, W. C. Borden, W. P. Carr, J. A. Gannon, Frank Hagner, S. R. Karpeles, J. F. Mitchell, C. W. Richardson, W. M. Sprigg, G. T. Vaughan.

Centennial: S. S. Adams, 1916, 17; H. A. Bishop, 1917; J. C. Blackistone, 1917; A. W. Boswell, 1916, 17; W. P. Carr, 1916, 17; G. Wythe Cook, 1916, 17; E. P. Copeland, 1917; S. C. Cox, 1917; E. Y. Davidson, 1916, 17; T. M. Foley, 1917; J. A. Foote, 1917; J. A. Gannon, 1917; W. C. Gwynn, 1917; F. R. Hagner, 1916, 17; Carl Henning, 1917; A. B. Hooe, 1916, 17; A. L. Hunt, 1916; C. W. Hyde, 1917; W. A. Jack, 1917; V. B. Jackson, 1917; L. A. Johnson, 1917; S. R. Karpeles, 1917; H. H. Kerr, 1917; G. M. Kober, 1916, 17; D. S. Lamb, 1916, 17; Frank Leech, 1917; H. T. A. Lemon, 1917; Thos. Linville, 1917; T. F. Lowe, 1917; T. N. McLaughlin, 1917; H. C. Macatee, 1916, 17; C. C. Marbury, 1917; Thomas Miller, 1917; J. F. Moran, 1917; W. G. Morgan, 1917; J. J. Mundell, 1917; T. E. Neill, 1917; J. B. Nichols, 1916, 17; Mary Parsons, 1917; W. P. Reeves, 1917; C. W. Richardson, 1916, 17; J. D. Rogers, 1917; P. S. Roy, 1916, 17; H. R. Schreiber, 1917; E. G. Seibert, 1917; J. H. Selby, 1917; R. Y. Sullivan, 1917; J. A. Talbott, 1917; L. Tayler-Jones, 1916, 17; W. D. Tewksbury, 1917; J. D. Thomas, 1916, 17; J. L. Thompson, 1916, 17; J. R. Verbrycke, 1917; W. A. Wells, 1917; J. T. Wolfe, 1917.

Contagious Diseases, Control of, 1916-17: S. S. Adams, N. P. Barnes, H. H. Donnally, L. B. T. Johnson, Frank Leech, J. S. Wall, W. C. Woodward.

Council of National Defense, 1917: Medical Section, District Committee, G. T. Vaughan, Chairman; H. C. Macatee, Secretary; S. S. Adams, J. W. Bovée, W. C. Braisted, U. S. Navy, Rupert Blue, Public Health Service, the Commandant of the Army Medical School, E. Y. Davidson, W. C. Gorgas, U. S. Army, B. L. Hardin, A. B. Hooe, J. R. Kean, U. S. Army, J. F. Mitchell, R. E. Noble, U. S. Army, Earl Phelps, J. J. Richardson, Sterling Ruffin, W. F. M. Sowers, I. S. Stone, W. D. Webb, U. S. Army, W. H. Wilmer, W. C. Woodward.

Directory of Nurses: C. W. Allen, 1910, 11; John Constas, 1910, 11; Monte Griffith, 1910; T. A. Groover, 1910, 11; A. R. Thomas, 1910, 11.

Editing Transactions, changed in 1911 to *Committee on Publication*: H. H. Donnally, 1911; D. S. Lamb, 1910, 11; B. G. Pool, 1910, 11; Prentiss Willson, 1910, 11.

Essays, changed in 1911 to *Committee on Program*: A. B. Hooe, 1910; P. C. Hunt, 1910; J. B. Nichols, 1911; W. F. R. Phillips, 1911, T. C. Smith, 1910, 11; J. E. Walsh, 1911.

Executive: G. N. Acker, 1910-13; S. S. Adams, 1910, 11; E. A. Balloch, 1912, 13; N. P. Barnes, 1911; W. M. Barton, 1917; L. J. Battle, 1911; A. W. Boswell, 1917; W. P. Carr, 1914-16; J. W. Chappell, 1915-17; G. Wythe Cook, 1911, 12, 14-17; E. Y. Davidson, 1916, 17; L. Eliot, 1911; C. W. Franzoni, 1912-17; L. W. Glazebrook, 1910, 11; F. R. Hagner, 1910-12, 14, 15; C. M. Hammett, 1912; D. P. Hickling, 1910, 11; R. T. Holden, 1916, 17; A. L. Hunt, 1913-16; L. A. Johnson, 1910, 11; D. S. Lamb, 1912-17; D. O. Leech, 1911; Frank Leech, 1912-17; H. T. A. Lemon, 1911, 12; T. N. McLaughlin, 1910-14; H. C. Macatee, 1914-17; Louis Mackall, 1911-13; J. D. Morgan, 1910; Wallace Neff, 1910, 11; J. B. Nichols, 1912-17; L. H. Reichelderfer, 1913-15; E. W. Reisinger, 1910, 11; C. W. Richardson, 1910; P. S. Roy, 1916, 17; E. G. Seibert, 1915-17; D. K. Shute, 1910-14; T. C. Smith, 1912, 13; W. M. Sprigg, 1911; A. L. Stavelly, 1917; J. D. Thomas, 1910-14; J. L. Thompson, 1915-17; John Van Rensselaer, 1912, 14-16; J. S. Wall, 1914-16; C. L. Waters, 1915; J. R. Wellington, 1910, 11, 14; W. H. Wilmer, 1913-16; W. C. Woodward, 1910, 11.

First Aid Conference, 1915: H. H. Kerr, W. P. Reeves, C. S. White.

History: G. Wythe Cook, 1910-17; L. Eliot, 1910, 11, 15-17; C. W. Franzoni, 1910, 11, 15; R. T. Holden, 1910, 11, 15; E. F. King, 1916; C. H. Koonen, 1911; D. S. Lamb, 1910-17; J. F. Moran, 1916, 17; C. V. Petteys, 1911.

Permanent Home, 1911: S. S. Adams, N. P. Barnes, W. M. Barton, A. F. A. King, H. T. A. Lemon, Louis Mackall, J. D. Morgan, C. W. Richardson, P. S. Roy, D. G. Smith.

Hygiene of infancy: Coöperation with Health Office, Pamphlet on, Nov. 3, 1909; S. S. Adams, G. N. Acker, T. N. McLaughlin.

Instruments for Belgians 1914, 15: T. A. Williams.

Legislation Committee of American Medical Association, member of: L. B. T. Johnson, 1915-17; J. D. Thomas, 1911, 12, 14.

Microscopy: R. D. Adams, 1910, 11; R. A. Fisher, 1911; R. A. Hamilton, 1910; F. E. Harrington, 1910; J. A. O'Donoghue, 1910, 11.

Milk Supply, 1912: G. N. Acker, S. S. Adams, N. P. Barnes, E. B. Behrend, W. P. Carr, E. P. Copeland, H. B. Deale, H. H. Donnally, F. Fremont Smith, W. J. French, J. J. Kinyoun,

I. H. Lamb, Frank Leech, G. L. Magruder, W. J. Mallory, Jesse Ramsburgh, B. M. Randolph, P. S. Roy, L. Tayler-Jones, J. S. Wall, Prentiss Willson.

Necrology, 1917: J. W. Chappell, E. L. Morgan, R. C. Ruedy, I. S. Stone, J. A. Stoutenburgh, M. F. Thompson.

Place of Meeting: G. Wythe Cook, 1915-17; A. B. Hooe, 1915-17; A. L. Hunt, 1915, 16; T. N. McLaughlin, 1909; A. R. Shands, 1915-17; D. K. Shute, 1909; I. S. Stone, 1909; J. D. Thomas, 1915-17.

Pharmacopœia, Revision, 1909: J. W. Chappell, G. L. Magruder.

Program: N. P. Barnes, 1916; E. B. Behrend, 1911, 14; W. C. Borden, 1911, 12; E. P. Copeland, 1917; J. A. Gannon, 1917; A. L. Hunt, 1914-16; J. J. Kaveney, 1915, 16; H. H. Kerr, 1915; J. B. Nichols, 1916, 17; B. M. Randolph, 1914; P. S. Roy, 1912-15; Sterling Ruffin, 1913; E. G. Seibert, 1917; T. C. Smith, 1911-13; J. A. Talbott, 1915; J. D. Thomas, 1911; J. L. Thompson, 1916, 17; W. A. Wells, 1912-14; C. S. White, 1911-13, 16.

Medical Practice Act, 1917: W. C. Borden, L. B. T. Johnson P. S. Roy.

Publication: Truman Abbe, 1912-14; F. W. Braden, 1916, 17; W. B. Carr, 1916, 17; E. Y. Davidson, 1915; H. H. Donnelly, 1911-15; W. A. Frankland, 1916, 17; D. S. Lamb, 1911-17; H. C. Macatee, 1914-17; J. B. Nichols, 1911; B. G. Pool, 1911-14; J. D. Thomas, 1915; W. W. Wilkinson, 1912, 13; Prentiss Willson, 1911.

Public Health: R. W. Baker, 1910; E. A. Balloch, 1910; W. M. Barton, 1910; E. B. Behrend, 1911; G. Wythe Cook, 1910; J. A. Gannon, 1911; E. M. Hasbrouck, 1911; C. W. Hyde, 1911; Frank Leech, 1910; J. F. Mitchell, 1911; J. R. Nevitt, 1911; S. L. Owens, 1910, 11; Mary Parsons, 1910, 11; J. S. Wall, 1911.

Public Health Education: N. P. Barnes, 1911-13; W. M. Barton, 1914, 15; E. C. Folkmar, 1912-14; L. B. T. Johnson, 1913-15; W. J. Mallory, 1912; J. B. Nichols, 1913-15; B. M. Randolph, 1912, 13; L. Tayler-Jones, 1915; L. H. Taylor, 1915; W. A. Wells, 1911-13; Oscar Wilkinson, 1914; T. A. Williams, 1911-13.

Public Health Instruction Committee of the American Medical Association, 1912: W. M. Barton, L. H. Reichelderfer.

Red Cross: E. A. Balloch, 1913, 14; W. P. Carr, 1913; R. T. Holden, 1915; A. L. Hunt, 1916; L. B. T. Johnson, 1916, 17; D. O. Leech, 1915; Frank Leech, 1915; H. C. Macatee, 1913-15; Louis Mackall, 1913; L. H. Reichelderfer, 1913-17; John Van Rensselaer, 1914, 15; J. R. Wellington, 1914.

Salvarsan, 1917: H. A. Fowler, H. H. Hazen, W. C. Woodward.

Tuberculosis, Control of, 1916, 17: W. M. Barton, G. Wythe Cook, Frank Leech, J. B. Nichols, P. S. Roy, J. L. Thompson, J. S. Wall.

Venereal Diseases, 1913: J. W. Chappell, H. A. Fowler, H. H. Hazen, J. Taber Johnson, P. S. Roy.

Vision, Conservation of, of American Medical Association, 1914: Oscar Wilkinson.

DELEGATES.

To American Medical Association: G. Wythe Cook, 1912-17; W. C. Woodward, 1911; Alternates: C. W. Richardson, 1912; P. S. Roy, 1914-17.

To Association of American Medical Colleges: W. C. Borden, 1914, 16; J. D. Thomas, 1912, 13.

To Health Week, Baltimore, Md., 1912: N. P. Barnes, G. Wythe Cook, J. D. Thomas, T. A. Williams, W. C. Woodward.

To International Congress, Budapest, 1909: N. P. Barnes.

To Midwinter Conference on Medical Legislation, &c., American Medical Association, 1915: L. B. T. Johnson.

To Pan-American Congress, 1915: J. B. Nichols. Alternate, J. S. Wall.

To Pharmacopæial Convention, 1909: J. W. Chappell, M. G. Motter, D. W. Prentiss.

Since the publication of the History in 1909 the Society has listened to addresses from physicians and others, not members of the Society, as follows:

1909. Dec. 1, from Dr. Wm. A. White, of St. Elizabeth Hospital, this city.

1910. March 2, from Dr. H. R. Gaylord, of Buffalo, N. Y.; March 16, from Dr. I. W. Blackburn, of St. Elizabeth Hospital, this city; and March 26, from Dr. J. C. DaCosta, of Philadelphia. Oct. 5, from Colonel L. A. LaGarde, Medical Corps, U. S. Army; Nov. 23, Dr. Max Einhorn, N. Y. City.

1911. Jan. 18, Dr. I. W. Blackburn, St. Elizabeth Hospital; Feb. 1, General Geo. M. Sternberg, Surgeon General, U. S. A.; March 8, from Captain L. L. Smith, Med. Corps, U. S. A., and three persons from St. Elizabeth Hospital: Drs. N. J. Dynan, F. M. Barnes and Miss G. H. Kent; March 15, Dr. E. E. Mayer, Pittsburgh, Pa.; March 22, again from Dr. LaGarde; May 3, Dr. A. Hrdlicka, of the U. S. National Museum; May 24, again from Dr. White, of St. Elizabeth Hospital.

1912. Jan. 10, Dr. Abraham Jacobi, N. Y. City; Feb. 14, Major T. L. Rhoads, M. C., U. S. Army; Feb. 21, Dr. C. F. Stokes, Surgeon General, U. S. Navy; March 6, Dr. S. R. Lafora, St. Elizabeth Hospital; March 13, Dr. J. A. Holmes, of the Bureau of Mines; Oct. 9, Dr. Franklin P. Davis, N. Y. City; Nov. 6, Captain C. F. Craig, M. C., U. S. A.; Nov. 27, Dr. Erwin F. Smith, Department Agriculture.

1913. March 12, Dr. Hiram Woods, Baltimore, Md.; March 19, Dr. T. S. Cullen, Baltimore, Md.; May 14, another address from Major Rhoads; Nov. 12, Prof. Adolph Schmidt, of Halle, Germany; Dec. 10, again from Dr. Hrdlicka.

1914. Jan. 7, Dr. E. R. Stitt, U. S. Navy; March 11, Maximilian P. Groszmann; April 2, Dr. Gustave Monod, Paris, France; April 29, again from Dr. White, St. Elizabeth Hospital; May 13, Drs. H. H. Newman and M. B. Fischer, of this city; May 20, Dr. Wm. L. Clark, of Philadelphia, Pa.; Nov. 11, Dr. Adolph Juettner, of Cincinnati, Ohio; Dec. 9, Dr. Walter M. Brickner, of New York.

1915. Jan. 27, Drs. Julius Friedenwald and F. H. Baetjer, of Baltimore; Feb. 24, Dr. Chas. A. Ball, St. Paul, Minn.; April 7, Dr. W. G. Russell, Old Point Comfort, Va.; April 21, Dr. Alexander G. Brown, Richmond, Va.; May 12, Drs. Curtis H. Burnam, of Baltimore; George H. Johnston, Pittsburgh; George E. Pfahler, Philadelphia, and Arthur F. Holding, N. Y. City; Oct. 13, again from Dr. Hrdlicka; Nov. 10, Dr. Ethan Flagg Butler, American Red Cross, and Major R. U. Patterson, M. C., U. S. A.

1916. Jan. 19, Dr. H. W. Wiley and Dr. J. V. R. Hoff, U. S. A.; Jan. 26, Mr. F. A. Fenning, of the District Bar; Feb. 9, Dr. M. A. Reasoner, U. S. A.; April 19, Drs. C. M. Gearhart and A. B. Crane, Dentists, this city; May 3, Drs. T. B. Futcher and S. T. Earle, of Baltimore; Nov. 8, Dr. Wm. E. Lee, of Philadelphia.

1917. Feb. 28, Dr. A. C. Christie, of this city; March 7, Dr. C. W. Stiles, this city; May 2, Mr. Frank H. Mann, N. Y. City; May 9, Dr. F. F. Simpson, of Pittsburgh, Pa.; Dr. R. C. Noble, U. S. A., and Dr. J. F. Murphy, U. S. Navy; May 16, Drs. J. M. H. Rowland, L. F. Barker, and G. L. Hunner, of Baltimore; June 12, Thomas R. Marshall, Vice President United States; Hon. Julius Kahn, H. R., and Col. T. H. Goodwin, R. M. C., British army.

MEMBERS OF THE MEDICAL SOCIETY.

The names of the active members of the Society down to May 5, 1909, arranged in order of seniority of membership, end on page 397 of the published History of the Medical Society with the number 929, Ralph A. Hamilton. From that time until the amalgamation of the Society and Association, July 10, 1911, the following were elected members of the Society:

<i>Seniority No.</i>	<i>Names.</i>	<i>Date of Election.</i>	<i>Graduated in Medicine.</i>
930	Francis M. Chisolm.....	Oct. 6, 1909.....	1889, Univ. Maryland.
931	Tom A. Williams.....	"	1896, Edinboro.
932	Henry V. Johnston.....	"	1907, Columbian.
933	Cornelius DeWeese	"	1895, Jefferson.
934	Joseph Joshua Mundell.....	"	1903, Georgetown Univ.
935	Frederick H. Morhart.....	April 6, 1910....	1898, Columbian.
936	Elizabeth Sohon	"	1908, Howard.
937	Robert Arthur Hooe.....	"	1906, Columbian.
938	John Allen	"	1908, Georgetown.
939	Chas. Clark Ammerman.....	"	1906, Columbian.
940	Thos. Chas. Martin.....	Oct. 5, 1910.....	1897, Cleveland.
941	Meade R. Edmunds.....	"	1906, Columbian.
942	John Constas	"	1904, Georgetown.
943	Eva Charlotte Reid.....	"	1907, Cornell.
944	Percy Musgrave	"	1898, Harvard.
945	J. Rozier Biggs.....	"	1907, Columbian.
946	Wm. J. Manning.....	April 5, 1911....	1903, National.
947	Joseph B. Bogan.....	"	1907, Columbian.
948	James Allen Watson.....	"	1890, Georgetown.
949	Henry H. Hazen.....	"	1906, Hopkins.
950	R. S. Ingersoll.....	"	1898, Univ. Michigan.
951	Thos. A. Poole.....	"	1898, Univ. Baltimore.
952	Robt. Young Sullivan.....	"	1905, Georgetown.
953	John O. Skinner.....	"	{ 1866, Univ. Maryland. 1867, Univ. Penna.

ALPHABETIC INDEX TO THE PRECEDING LIST, SHOWING THE SENIORITY NUMBER.

Allen, J., 938.	Hazen, H. H., 949.	Musgrave, Percy, 944.
Ammermann, C. C., 939.	Hooe, R. A., 937.	Poole, T. A., 951.
Biggs, J. R., 945.	Ingersoll, R. S., 950.	Reid, E. C., 943.
Bogan, J. B., 947.	Johnston, H. V., 932.	Skinner, J. O., 953.
Chisolm, F. M., 930.	Manning, W. J., 946.	Sohon, Elizabeth, 936.
Constas, John, 942.	Martin, T. C., 940.	Sullivan, R. Y., 952.
DeWeese, Cornelius, 933.	Morhart, F. H., 935.	Watson, J. A., 948.
Edmunds, M. R., 941.	Mundell, J. J., 934	Williams, T. A., 931.

LOSSES IN MEMBERSHIP FROM THE TIME OF PUBLICATION OF THE HISTORY IN 1909 TO JULY 10, 1911, WHEN THE ASSOCIATION AND SOCIETY WERE AMALGAMATED. SENIORITY LIST.

180 J. T. Howard, died Jan. 30, 1910	280 C. C. Callan, died Jan. 28, 1911
199 J. W. Bulkley, died Aug. 23, 1910	307 H. H. Barker, died May 8, 1910
247 Robt. Reyburn, died Mar. 25, 1909	372 H. M. Newman, died Nov. 11, 1910

394 Thos. Taylor, died Jan. 22, 1910	723 G. C. Burton, died July 22, 1909
405 T. A. R. Keech, died Jan. 29, 1910	738 S. W. Mellott, dropped Jan. 16, 1907
439 W. L. Miller, died Nov. 19, 1910	751 J. S. Dorsey, name dropped 1910
456 James Kerr, died Feb. 2, 1911	766 H. M. Jewett, resigned Nov. 9, 1910
531 W. P. Compton, died Feb. 1, 1910	781 L. M. Reville, name dropped 1910
559 W. B. French, died May 6, 1910	782 Samuel Fry, dropped Jan. 2, 1911
561 Geo. Barrie, resigned Nov. 30, 1910	793 B. A. Crush, resigned Jan. 12, 1910
562 W. D. Hughes, died Jan. 24, 1910	845 A. C. Fitch, died April 26, 1911
566 P. C. Hunt, died Dec. 15, 1910	857 J. D. Murray, resigned Oct. 12, 1910
682 J. R. Devereux, name dropped 1903	870 J. A. Murphy, dropped Jan. 2, 1911
694 E. B. Muncey, resigned Jan. 19, 1910	891 G. I. Jones, resigned 1909
701 W. N. Souter, resigned Dec. 7, 1910	900 N. D. Brecht, dropped Nov. 5, 1913
721 C. A. Ball, died Sept. 3, 1909	921 Wm. Malcolm, res'g'd Nov. 10, 1909

HONORARY MEMBERS OF THE SOCIETY FROM 1909 TO 1917.

- 1895. Thomas Almond Ashby, Baltimore, Md., died June 18, 1916.
- 1875. John Shaw Billings, New York City, died March 11, 1913.
- 1916. Rupert Blue, Surgeon General, U. S. Public Health Service.
- 1916. Wm. Clarence Braisted, Surgeon General, U. S. Navy.
- 1896. Robert Fletcher, Army Medical Library, died Nov. 8, 1912.
- 1915. Wm. Crawford Gorgas, Surgeon General, U. S. Army
- 1900. Abraham Jacobi, New York City.
- 1905. Wm. Williams Keen, Philadelphia, Pa.
- 1905. John Herr Musser, Philadelphia, Pa., died April 3, 1912.
- 1895. Wm. Osler, Oxford, England.
- 1895. Wm. H. Palmer, Providence, R. I.
- 1895. Frederick Cheever Shattuck, Boston, Mass.
- 1895. George Miller Sternberg, Surgeon General, U. S. Army, died Nov. 3, 1915.
- 1895. James Rufus Tryon, Surgeon General, U. S. Navy, died March 20, 1915.
- 1895. Walter Wyman, Surgeon General, U. S. Marine Hospital Service, died Nov. 21, 1911.

A later seniority list was published in the *WASHINGTON MEDICAL ANNALS* for May, 1910, page 223. After the amalgamation of the Society and the Association, July 10, 1911, a new list was made up with a new enumeration and published in the *ANNALS* for January, 1913, page 68. This list included the members of the amalgamated body living at that time, and the difference in relative position of names as compared with previous lists was due to a provision in the constitution that required the names to appear in the order of joining *either* of the two bodies.

The following list includes the names of the members of the Society at the time of and after the amalgamation, and the changes therein, up to the date of the Centennial celebration.

1. Warwick Evans, died Sept. 30, 1915.
2. Joseph Ford Thompson, died Feb. 1, 1917.
3. A. F. A. King, died Dec. 13, 1914.
4. Thos. Croggon Smith, died July 23, 1913.
5. Ralph Walsh, died Jan. 15, 1915.
6. Sam'l Wm. Bogan.
7. Henry Alfred Robbins, died Oct. 26, 1911.
8. Adajah Behrend.

9. Dan'l Smith Lamb.
10. Valentine McNally, died Aug. 8, 1914.
11. Otho Magruder Muncaster, resigned Dec. 31, 1912.
12. Chas. Evelyn Hagner, died April 28, 1917.
13. Albert Eugene Johnson, died Dec. 5, 1912.
14. Geo. C. Samson.
15. George Lloyd Magruder, died Jan. 28, 1914.
16. James Littleton Suddarth.
17. Jas. Knox Polk Gleeson.
18. Joseph Taber Johnson.
19. Wm. John Armstrong.
20. Chas. Wm. Franzoni.
21. Francis M. Gunnell.
22. Zachariah Turner Sowers.
23. George Martin Kober.
24. Theodore Mead.
25. Franck Hyatt.
26. John Llewellyn Eliot.
27. Frank Boot Loring.
28. Henry Crecy Yarrow.
29. John Ely Brackett, died Dec. 2, 1912.
30. Henry Davidson Fry.
31. Wm. Francis Byrns, died Sept. 18, 1914.
32. Wm. E. Poulton.
33. Ernest August Sellhausen, died April 14, 1914.
34. Joseph W. Little.
35. Geo. Nicholas Acker.
36. Stephen Olin Richey.
37. Geo. Wythe Cook.
38. Henderson Suter.
39. Thos. Eugene McArdle.
40. Sam'l Shugert Adams.
41. W. P. C. Hazen.
42. Harrison Crook.
43. Benj. Geo. Pool.
44. Henry L. E. Johnson, died Dec. 21, 1915.
45. Thos. Francis Mallan.
46. Dan'l Kerfoot Shute.
47. Leon Leigh Friedrich, died June 15, 1915.
48. John Hepburn Yarnall.
49. Raymond Thos. Holden.
50. Josiah Robson Bromwell, died May 25, 1912.
51. Geo. Clarke Ober.
52. Louis Kelly Beatty.
53. Thos. Victor Hammond.
54. Richard A. Pyles.
55. Dan'l Percy Hickling.
56. Isador S. L. Bermann.
57. Millard Fillmore Thompson.
58. Louis Kolipinski, died Dec. 15, 1914.
59. Neil Ferguson Graham.
60. Chas. Read Collins.
61. Middleton Fuller Cuthbert.
62. Mary Almera Parsons.
63. Ernest Frothingham King, died June 8, 1916.
64. John Wesley Bovée.
65. Benj. Franklin Madison, dropped Nov. 5, 1913.

66. Arthur Augustine Snyder.
67. Joseph Hammond Bryan.
68. Chas. Williamson Richardson.
69. James Dudley Morgan.
70. Francis Bessant Bishop, died April 30, 1916.
71. Frank Tenney Chamberlin, dropped March 1, 1916.
72. Philip Seddon Roy.
73. Dan'l Olin Leech.
74. Thos. Morris Murray.
75. Thos. Notley McLaughlin.
76. Edwin Lee Morgan.
77. Wm. Mercer Sprigg.
78. Geo. Henderson, died Nov. 27, 1913.
79. Henry Buckmaster Deale, died June 19, 1912.
80. Thos. C. S. Marshall.
81. Eugene Chas. Curtis Winter, died March 20, 1916.
82. Chas. Roscoe Luce.
83. Wm. Henry Fox.
84. Wm. T. Gill.
85. Frederick Sohon.
86. James Clark McGuire, dropped May 30, 1917.
87. John Francis Moran.
88. Edmund Lee Tompkins, resigned Oct. 16, 1912.
89. Wm. Chas. Fowler.
90. Geo. Gideon Morris.
91. Francis Xavier Dooley, died Aug. 10, 1913.
92. Wm. Phillips Carr.
93. Clara Bliss Finley.
94. Edward Arthur Balloch.
95. Wm. J. Dillenback, died Dec. 28, 1916.
96. Wm. Kennedy Butler.
97. Gaius Marcus Brumbaugh.
98. Arthur Joseph Hall.
99. Chas. Kneller Koonen.
100. Louis Mackall.
101. Wm. Holland Wilmer.
102. Robt. Maitland Ellyson.
103. Geo. John Lochboehler, dropped May 30, 1917.
104. Geo. Robt. Lee Cole.
105. Wm. Sinclair Bowen.
106. Ida Johanna Heiberger.
107. Dan'l Baen Street, died Sept. 18, 1912.
108. John Edgar Walsh.
109. Johnson Eliot.
110. Chas. W. Brown.
111. Francis Alphonse St. Clair.
112. James Foster Scott.
113. Arthur Carlos Merriam, dropped Nov. 5, 1913.
114. John Thos. Kelley, Jr.
115. Elmer Hezekiah Sothoron.
116. Amelia Erbach.
117. Thos. Norris Vincent.
118. Benj. M. Beall, dropped Nov. 5, 1913.
119. Steuart Brown Muncaster.
120. Isaac Scott Stone.
121. Robt. W. Baker.
122. Charles Granville Stone, died Nov. 11, 1915.

123. Allen Walker, died Feb. 21, 1916.
124. James Henry Morgan Barber.
125. Floyd Vernon Brooks, died June 25, 1916.
126. John Van Rensselaer.
127. Geo. C. Clark.
128. Wm. Creighton Woodward.
129. Mayne Marshall Pile.
130. Geo. Nelson Perry, died May 10, 1915.
131. Jefferson Davis Bradfield.
132. Joshua Lambert Dulaney, dropped Nov. 5, 1913.
133. Clarence Ruter Dufour.
134. John Watson Shaw.
135. Wade Hampton Atkinson.
136. John Edmund Toner, died Oct. 30, 1912.
137. John Wm. Chappell.
138. John Henry McCormick.
139. Oscar Addison Mack MacKimmie.
140. John Henry Junghans.
141. Frank Leech.
142. John Albertson Stoutenburgh.
143. James Ramsay Nevitt.
144. Chas. Massey Hammett.
145. Wm. Francis Walter.
146. Larkin White Glazebrook.
147. Alfred Vandiver Parsons.
148. Oscar Henry Coumbe.
149. James Stuart.
150. Wm. Littleton Robins.
151. John Kurtz, died June 30, 1912.
152. John Ryder Wellington.
153. Henry Joseph Crosson.
154. Sam'l Evans Watkins.
155. Louis Alward Johnson.
156. Sam'l Edwin Lewis.
157. Oliver A. T. Swain.
158. Hobart Southworth Dye, died April 5, 1916.
159. Horace Morgan Deeble.
160. John Thos. Cole.
161. Emory Wm. Reisinger.
162. Sterling Ruffin.
163. Louisa Miller Blake.
164. Duff Green Lewis.
165. Henry Theodore Harding.
166. Aurelius Rives Shands.
167. Edwin Emery Morse.
168. Wilfred Mason Barton.
169. Francis Patterson Morgan.
170. Melchior B. Strickler, died June 17, 1912.
171. Frank Palmer Vale.
172. George Burton Heinecke.
173. Sofie Amalie Nordhoff Jung.
174. Chas. Clagett Marbury.
175. Albert Rhett Stuart.
176. Chas. M. Emmons.
177. Thos. Ash Claytor.
178. Lewis Junius Battle.
179. Noble Price Barnes.
180. Ada Rebecca Thomas.

181. Frederick Ogle Roman.
182. Randolph Bryan Carmichael.
183. Wm. Peyton Tucker, resigned Feb. 28, 1912.
184. Robt. Fry Sillers
185. James Julius Richardson.
186. Albert Livingston Stavely.
187. Francis H. Miner.
188. Adeline Elwell M. Portman.
189. John Hitz Metzertott.
190. Frederick Francis Repetti, resigned March 7, 1917.
191. Jesse Shoup.
192. John Crayke Simpson.
193. Virgil B. Jackson.
194. John Daniel Thomas.
195. Phebe Russell Norris.
196. Edward Mason Parker.
197. Walter Augustine Wells.
198. Geo. Wm. Wood.
199. Francis Randall Hagner.
200. Clarence Arlington Weaver.
201. Susan Johnson Squire.
202. Edwin Marble Hasbrouck.
203. Anthony Moreland Ray.
204. Linnaeus Sam'l Savage.
205. Robt. French Mason.
206. Hugh Clarence Duffey.
207. Wm. Lincoln Masterson.
208. Chas. Volney Petteys.
209. Edward Ferguson Pickford.
210. Edward Martin Schaeffer.
211. Thos. Miller, died Nov. 30, 1915.
212. Hubbard Gillette, died May 13, 1917.
213. Robt. L. Lynch, died March 26, 1916.
214. Frank W. Braden.
215. Franz August Richard Jung.
216. Francis Anthony Mazzei.
217. Edward F. Cummiskey, dropped Nov. 5, 1913.
218. James Richard Tubman.
219. Homer Sanford Medford, died Dec. 16, 1911.
220. Monte Griffith, died July 11, 1913.
221. Maurice Erwin Miller.
222. Abraham Barnes Hoee.
223. Albert Lynch Lawrence, died Sept. 9, 1917.
224. Wm. Sawyer Newell.
225. Edwin Bernard Behrend.
226. Michael D'Arcy Magee.
227. Walter C. Murphy.
228. Archie Ward Boswell.
229. Jesse Houck Ramsburgh, died Jan. 2, 1917.
230. Joseph Milton Heller.
231. Edmund Barry.
232. John Benjamin Nichols.
233. Joseph Stiles Wall.
234. DeWitt Clinton Chadwick.
235. Isabel Haslup Lamb.
236. Grafton D. P. Bailey.
237. Wm. Thompson Burch.
238. James Wm. Hart.

239. Jesse Newman Reeve.
240. Wm. Gerry Morgan.
241. Bernard Lauriston Hardin.
242. L. Fleet Luckett.
243. Wilson Prestman Malone.
244. Chas. Emory Ferguson.
245. Camillo H. Machinek, died Oct. 3, 1911.
246. Thos. Dowling.
247. Wallace Neff, dropped March 1, 1916.
248. Lewis Albert Walker, Jr., dropped Nov. 5, 1913.
249. Wm. E. Whitson.
250. Thomas Allen Groover.
251. Robt. Scott Lamb.
252. Carl Schurz Keyser.
253. Paul E. McDonald, resigned Dec. 3, 1913.
254. Frederick H. Morhart.
255. J. Lee Adams, dropped Nov. 5, 1913.
256. Walter Ashby Frankland.
257. Chas. Stanley White.
258. Harry Hurtt.
259. Wm. F. Wagner, resigned Jan. 12, 1916.
260. Henry Alexander Polkinhorn.
261. Aubrey Horatio Staples.
262. Dan'l Webster Prentiss.
263. Geo. Walter Warren.
264. S. Clifford Cox.
265. Wm. Clarence Gwynn.
266. Amelia Frances Foye.
267. W. Given Suter, dropped Nov. 5, 1913.
268. Hanson Thos. Asbury Lemon.
269. Geo. Boaz Corey.
270. Henry Johns Rhett, died Oct. 7, 1912.
271. Norman Richards Jenner.
272. Thos. Best Kramer.
273. Howard Fisher.
274. Harry A. Sellhausen.
275. Sothoron Key.
276. John Paul Gunion.
277. Luther Halsey Reichelderfer.
278. A. Depue Butz.
279. Wm. Raymond Moulden.
280. John Lewis Riggles.
281. Frank Eugene Gibson.
282. Edgar Dorman Thompson.
283. Wm. Alexander Jack, Jr.
284. Wm. Julius Reichmann Thönssen.
285. Ferdinand Claiborne Walsh.
286. Thos. Sim Lee.
287. R. R. Farquhar, dropped Nov. 5, 1913.
288. Mary Louise Strobel.
289. Geo. Kasper Baier.
290. Wm. Pinkney Reeves.
291. Henry Marshall Dixon.
292. Reginald Redford Walker.
293. John Alphonso O'Donoghue.
294. Edgar P. Copeland.
295. Montgomery Hunter.
296. Dan'l Dominick Mulcahy.

297. Welton C. Williams, dropped 1914.
298. Elijah Lumbia Mason.
299. Thos. Sanford Dunaway Grasty.
300. Walter Hibbard Merrill.
301. Eugene Lyman LeMerle.
302. Robt. Somervel Beale.
303. Henry Cook Macatee.
304. Sam'l H. Greene, Jr.
305. Edward Elliott Richardson.
306. Albert Joseph Carrico.
307. Loren Bascom Taber Johnson.
308. Frank Lee Biscoe.
309. Murray Galt Motter.
310. Howard Wilson Barker.
311. Edward Grant Seibert.
312. Chas. Loftus Grant Anderson.
313. Gideon Brown Miller.
314. Neil Duncan Graham, died Aug. 25, 1916.
315. Benj. Horace Smart.
316. James Allen Watson.
317. Adolphus Bogardus Bennett, Jr.
318. Louis Storrow Greene.
319. Geo. Reuben Sorrel.
320. Joseph Francis McKaig, dropped April 28, 1915.
321. Simon Rufus Karpeles.
322. John Sheridan Arnold.
323. Oscar Wilkinson.
324. Truman Abbe.
325. Francis Stanislaus Machen.
326. Edgar Wm. Watkins.
327. James H. Stone, dropped Nov. 5, 1913.
328. Wm. Bernard Johnston, resigned June 4, 1913.
329. Gustavus Werber.
330. Thos. June Kemp, resigned Oct. 8, 1913.
331. John Joseph Repetti.
332. Taylor Boyd Dixon.
333. John W. Stewart.
334. Harry Marx Kaufman.
335. Arthur Munson MacNamee.
336. Mary Holmes.
337. Chas. Middleton Beall.
338. Joseph Clarence Tappan, dropped Nov. 5, 1913.
339. Thos. J. Rossiter.
340. James Cartwright Wynkoop.
341. Henry Holliday Stromberger.
342. Joseph Decatur Rogers.
343. Robt. John McAdory, dropped Nov. 5, 1913.
344. Geo. H. Heitmuller.
345. James Geo. McKay.
346. James Farnandis Mitchell.
347. Louise Tayler-Jones.
348. Robt. Cathcart Ransdell.
349. Harry Hampton Donnally.
350. Alfred Richards.
351. John Potts Fillebrown.
352. Arthur Herbert Kimball.
353. Anna Bartsch-Dunne.
354. Harry Atwood Fowler.

355. Henry Randall Elliott, Jr.
356. Edward Hiram Reede.
357. Peter Henry Steltz, Jr., died Jan. 5, 1917.
358. Morris Korshet, dropped Nov. 5, 1913.
359. Newton E. Webb.
360. Wilbur H. R. Brandenburg.
361. Carl Lawrence Davis.
362. Buckner Magill Randolph.
363. Lewis Harvie Taylor.
364. Henry Wood Tobias.
365. John Bradford Briggs, Jr., dropped March 1, 1916.
366. Dwight Gordon Smith, died July 31, 1917.
367. Joseph Ernest Mitchell.
368. Wm. Fowke Ravenel Phillips.
369. Karl Coates Corley.
370. Ralph Alexander Hamilton.
371. James Widgery Marshall, dropped Nov. 5, 1913.
372. Edwin Clarence Hunter, dropped Nov. 5, 1913.
373. Thos. Glenn Jones, resigned May 30, 1917.
374. Lawrence Maxwell Hynson.
375. Wm. Gage Erving.
376. Harry Reid Hummer.
377. Francis Alphonse Schneider, resigned Feb. 18, 1914.
378. Frank Fremont-Smith, resigned Oct. 11, 1916.
379. Wm. Hite Hough.
380. Benj. Rush Logie.
381. Francis Edward Harrington, resigned Dec. 13, 1916.
382. James Augustin Flynn.
383. James F. Douglas.
384. Robt. Conrad Ruedy.
385. John Henry Digges.
386. John Walter Hodges, resigned Jan. 22, 1913.
387. Edgar Snowden.
388. Joseph Joshua Mundell.
389. Ernest Pendleton Magruder, died April 8, 1915.
390. John P. Dunnigan, died Nov. 11, 1915.
391. Emma Lootz Erving.
392. Louis Chas. Lehr.
393. Carlisle Patterson Knight, dropped Nov. 5, 1913.
394. Harry M. Price.
395. Herbert Edward Martyn.
396. John Dunlop.
397. Richard Mitchell Little.
398. Roy Delaplaine Adams.
399. Seneca Bray Bain.
400. Homer G. Fuller.
401. Thos. Francis Lowe.
402. Geo. Tully Vaughan.
403. J. Lawn Thompson.
404. Geo. Washington Boyd, died Nov. 21, 1914.
405. Sam'l Logan Owens.
406. Geo. Mendenhall Ruffin.
407. Frederick Yates.
408. Willard Parker Greene.
409. Edward Young Davidson.
410. Robt. Walter Frischkorn.
411. Harry Hyland Kerr.
412. Adam Kemble.

413. Wm. Beverly Mason.
414. Walter Watkins Wilkinson, died March 28, 1917.
415. Chas. Wilbur Hyde.
416. Arthur LeRoy Hunt, died Oct. 7, 1916.
417. Chas. L. Waters.
418. Wm. Robt. Perkins.
419. Geo. H. Camp, dropped Nov. 5, 1913.
420. Guy Stark Saffold, dropped Nov. 5, 1913.
421. Aloysius W. Valentine.
422. Edward Homer Egbert.
423. Edward Warren Burch.
424. Milton Hickox Prosseri.
425. Chas. Louis Billard.
426. Josiah Hutton Holland, resigned April 1, 1914.
427. Dan'l Thos. Birtwell.
428. Chas. Walker Allen.
429. Henry Pickering Parker.
430. Raymond Adams Fisher.
431. Wm. Glenn Young.
432. Wm. Houston Littlepage.
433. Joseph Alexander Murphy.
434. Virginius Dabney.
435. Richard Lloyd Cook.
436. Joseph J. Kaveney.
437. Prentiss Willson.
438. Wm. Earl Clark.
439. Robt. A. Schoonover, resigned March 13, 1912.
440. Elzora Butler Allen, resigned Jan. 15, 1913.
441. Seth Eastman Moore, resigned Oct. 16, 1912.
442. Grant S. Barnhart.
443. Alfred C. Norcross.
444. James Franklin Hilton, dropped Nov. 5, 1913.
445. Wm. Francis Hemler.
446. J. Breckinridge Bayne.
447. Edward J. Gunning.
448. John O. Skinner.
449. Wm. Whitney Christmas.
450. John Allan Talbott.
451. Wm. Otway Owen.
452. Emma Corey Starr Keith, dropped April 28, 1915.
453. Dorsey Mahon McPherson.
454. Nelson DuVal Brecht.
455. Chester C. Groff.
456. J. Russell Verbrycke, Jr.
457. Wm. C. Rives.
458. John Constas.
459. Howard Hume.
460. Robt. Young Sullivan.
461. Thos. Chas. Martin.
462. John James Wharton.
463. James A. Gannon.
464. Stanton Wren Howard.
465. Henry Churchill Cook, dropped Nov. 5, 1913.
466. Martha Maria Brewer Lyon.
467. Chas. I. Griffith.
468. Huron Willis Lawson.
469. Mead Moore.
470. Richard F. Tobin.

471. Elwin C. Schneider.
472. Wm. Cabell Moore.
473. Lyman Frederick Kebler.
474. John Wesley Sutherin, dropped May 30, 1917.
475. Hamilton K. Wright, died Jan. 9, 1917.
476. Wm. Henry Syme.
477. Edmund T. M. Franklin.
478. Richard Thos. West.
479. Robt. S. Trimble.
480. Sam'l Carl Henning.
481. Roy C. Heflebower, dropped Nov. 5, 1913.
482. Zadoc M. Brady.
483. Wm. P. McKee.
484. Malvern Hill Price.
485. Wm. F. M. Sowers.
486. John H. Neall, dropped Nov. 5, 1913.
487. John Parran Briscoe.
488. Francis M. Chisolm.
489. Wm. J. French.
490. Joseph Allen Smith, dropped Nov. 5, 1913.
491. Joseph James Kinyoun.
492. Julian May Cabell, resigned Oct. 10, 1917.
493. Mary O'Malley.
494. Moses Hubbard Darnall.
495. John R. Buck, dropped March 1, 1916.
496. Geo. J. Newgarden.
497. Wm. E. Philes, dropped Nov. 5, 1913.
498. Henry W. Kearney.
499. Geo. H. Magee.
500. Francis McQuillan.
501. John A. Foote.
502. Wm. Brown Carr, resigned Feb. 8, 1911.
503. T. J. Sullivan, dropped Nov. 5, 1913.
504. Wm. Cline Borden.
505. Henry Fenno Sawtelle.
506. Bernard Hooe Harrison.
507. W. A. Ruble, resigned May 30, 1917.
508. Alexander Yelverton Peyton Garnett.
509. Percy Musgrave, resigned May 23, 1913.
510. Edward Barton Jones.
511. Wm. A. Mess.
512. Thos. Linville.
513. Henry H. Hazen.
514. Henry V. Johnston, dropped April 28, 1915.
515. Frederick Scott Avery.
516. Tom A. Williams.
517. Cornelius DeWeese.
518. Henry R. Schreiber.
519. Chas. August Simpson.
520. Clarence M. Dollman.
521. Carlton D. Haas.
522. Chas. Clark Ammerman.
523. Victor B. Rench.
524. John Allen, resigned Jan. 22, 1913.
525. J. Rozier Biggs.
526. Cline N. Chipman.
527. Elizabeth Sohon.
528. Robt. Arthur Hooe.

- 529. Henry I. Stout, dropped Nov. 5, 1913.
- 530. Sam'l Boyce Pole.
- 531. Meade R. Edmunds, resigned Nov. 11, 1914.
- 532. Julian Chew Blackistone.
- 533. Thos. Francis Smith, died Nov. 5, 1913.
- 534. Thos. A. Poole.
- 535. Coursen B. Conklin.
- 536. Thos. D. Mudd.
- 537. Elnora Cuddeback Folkmar.
- 538. Eva Charlotte Reid, resigned Dec. 3, 1913.
- 539. Herbert J. Bryson, dropped Nov. 5, 1913.
- 540. Philip R. Terry, dropped Nov. 5, 1913.
- 541. Percy G. Smith.
- 542. James J. Kilroy.
- 543. Chas. Wheatley.
- 544. David W. Tastet.
- 545. Thos. A. Lee, Jr., dropped Nov. 5, 1913.
- 546. Thos. E. Neill.
- 547. Joseph B. Bogan.
- 548. J. Blair Spencer, dropped April 28, 1915.
- 549. R. S. Ingersoll, dropped 1914.
- 550. Wm. J. Manning.
- 551. Stuart C. Johnson.
- 552. Wm. J. G. Thomas.
- 553. Lewis C. Ecker.
- 554. Chas. A. Pfender.
- 555. Harry A. Ong.
- 556. Stephen Harrison Smith, resigned June 15, 1913.
- 557. Wm. J. Mallory.
- 558. James Thruston Wolfe.
- 559. Chas. H. Bowker, died Sept. 9, 1917.
- 560. John J. Madigan.
- 561. Salvatore Floria.
- 562. John Woolfolk Burke.

The following have become members since the amalgamation :

<i>Seniority List.</i>	<i>Name.</i>	<i>Election.</i>	<i>Graduated.</i>	<i>Remarks.</i>
563	Fielding Hudson Garrison.....	Nov. 8, 1911.....1893,	Georgetown	
564	R. T. J. Barber.....	Nov. 8, 1911.....1886,	P. and S., Baltimore.....	
565	Frank Baker.....	Dec. 6, 1911.....		
566	R. F. Dauforth.....	".....		Dropped Nov. 5, 1913.
567	J. H. DeMerritt.....	".....		Dropped Nov. 5, 1913.
568	Romulus A. Foster.....	".....		
569	Wm. R. Goodman.....	".....		
570	H. M. Harvey.....	".....		Died Feb. 19, 1914.
571	Gabriel F. Johnston.....	".....		Dropped Nov. 5, 1913.
572	Joseph S. F. Sessford.....	".....		
573	Wm. Clarence Upham.....	".....		
574	Francis J. Woodman.....	".....		
575	Henry N. Sisco.....	Dec. 20, 1911.....1909,	G. W. University.....	Died July 28, 1916.
576	Wm. F. McLaughlin.....	Jan. 31, 1912.....1909,	G. W. University.....	Resigned Jan. 13, 1915.
577	Lewis Beecher Thomson.....	Feb. 1, 1912.....1905,	Maryland Medical	
578	J. Lester Brooks.....	Feb. 2, 1912.....1909,	G. W. University.....	
579	Elijah White Titus.....	Feb. 5, 1912.....1910,	G. W. University.....	
580	John Edson Bowers.....	Feb. 12.....1908,	G. W. University.....	Dropped April 28, 1915.
581	Janvier Whitton Lindsay.....	March 11, 1912.....1908,	Hopkins	
582	Oliver Clemence Cox.....	March 26, 1912.....1911,	G. W. University.....	
583	Roy Franklin Dunmire.....	March 27, 1912.....1908,	G. W. University.....	
584	Eugene Theodore Stephenson.....	March 27, 1912.....1907,	G. W. University.....	
585	W. D. Tewksbury.....	March 29, 1912.....1908,	G. W. University.....	
586	Alfred Glascock.....	March 30, 1912.....1902,	Columbian	
587	Albert Perkins Tibbets.....	April 9, 1912.....1910,	G. W. University.....	
588	Harry S. Lewis.....	May 8, 1912.....1910,	G. W. University.....	
589	James Albert Potter.....	May 13, 1912.....1907,	Georgetown	
590	Rush West Conklin.....	May 16, 1912.....1909,	G. W. University.....	
591	Daniel P. Bush.....	June 27, 1912.....1905,	G. W. University.....	
592	Clifton E. Young.....	Jan. 4, 1913.....1910,	G. W. University.....	
593	Walter Duvall Webb.....	Jan. 12, 1913.....1895,	P. and S., N. Y.....	
594	John Wm. Klemm.....	Jan. 25, 1913.....1890,	G. W. University.....	Dropped May 30, 1917.
595	John Hathaway Lindsey.....	Jan. 29, 1913.....1899,	University Pennsylvania.....	

<i>Seniority List.</i>	<i>Name.</i>	<i>Election.</i>	<i>Graduated.</i>	<i>Remarks.</i>
596	Milton Hahn	Feb. 13, 1913.	Hopkins	Resigned Oct. 11, 1916.
597	Wm. Joseph Stanton	Feb. 14, 1913.	Georgetown	
598	James Madison Moser	Feb. 23, 1913.	Georgetown	
599	Daniel LeRoy Borden	Feb. 25, 1913.	G. W. University	
600	A. Camp Stanley	March 10, 1913.	G. W. University	
601	Leon A. Martel	March 12, 1913.	Georgetown	
602	John Burr Pigott	March 18, 1913.	University of Maryland	
603	Joseph Arthur Jeffries, Jr.	March 18, 1913.	University of Virginia	
604	Thompson Flournoy Wickliffe	March 22, 1913.	Tulane	Resigned Dec., 1914.
605	Frank Wheeler Hornbrook	March 31, 1913.	Harvard	
606	Paul Bowen Alden Johnson	April 1, 1913.	Georgetown	
607	Leopold Glushak	April 29, 1913.	University of Glasgow	
608	John W. Warner	May 19, 1913.	Bellevue and Univ. N. Y.	Resigned Oct. 11, 1916.
609	Richard Aloysius Neale	June 30, 1913.	Georgetown	
610	Louis Mylius Babendreier	July 7, 1913.	Georgetown	Died March 7, 1915.
611	Harry A. Bishop	July 11, 1913.	University Maryland	
612	Richard Lee Spire	Dec. 3, 1913.	G. W. University	
613	Joseph J. McCarthy	Jan. 3, 1914.	Georgetown	
614	Daniel Witter Higgins	Jan. 5, 1914.	G. W. University	
615	Caryl Burbank	Jan. 8, 1914.	Georgetown	
616	Wm. Henry Huntington	Jan. 8, 1914.	G. W. University	
617	Sacks Bricker	Jan. 8, 1914.	G. W. University	
618	Jesse Irving Sloat	Jan. 8, 1914.	G. W. University	
619	Wm. Francis Patten	Jan. 8, 1914.	G. W. University	
620	John Hunter Selby	Jan. 16, 1914.	University Pennsylvania	
621	Wm. S. Hardesty	Jan. 16, 1914.	G. W. University	
622	Wm. Thorwall Davis	Jan. 17, 1914.	G. W. University	
623	Scott Dudley Breckinridge	Jan. 21, 1914.	Georgetown	
624	Frank Edward Duchring	Jan. 21, 1914.	Georgetown	
625	Wm. Pleasant Wood	Jan. 21, 1914.	G. W. University	
626	Edith Seville Coale	Feb. 17, 1914.	Woman's Med., Baltimore	
627	Henry W. Jaeger	March 14, 1914.	G. W. University	
628	Rolla Camden	March 18, 1914.	Jefferson	Resigned Oct. 27, 1915.

629	George von P. Davis.....	April 1, 1914.....	1910.....	G. W. University.....	Resigned Oct. 20, 1915.
630	Bernard Glueck.....	May 8, 1914.....	1909.....	Georgetown.....	
631	Elam Dolphus Haysmer.....	May 18, 1914.....	1912.....	Vanderbilt.....	
632	Murray A. Russell.....	May 19, 1914.....	1908.....	Georgetown.....	
633	Fred Repetti.....	May 27, 1914.....	1906.....	G. W. University.....	
634	Alice Winans Downey.....	May 28, 1914.....	1911.....	G. W. University.....	
635	Margaret Ross Stewart.....	June 3, 1914.....	1900.....	Med. Coll. Pacific; 1906, Woman's Med., Phila.....	
636	Arthur Bickle Little.....	June 4, 1914.....	1912.....	Georgetown.....	
637	Benjamin Newhouse.....	June 10, 1914.....	1912.....	University of Maryland.....	
638	Everett Monroe Ellison.....	June 11, 1914.....	1912.....	G. W. University.....	
639	Frank A. Hornaday.....	July 23, 1914.....	1910.....	G. W. University.....	
640	P. Edward Larkin.....	Dec. 2, 1914.....	1908.....	Georgetown.....	
641	Davenport White.....	Dec. 2, 1914.....	1905.....	P. and S., New York.....	
642	Wm. Brown Carr.....	Dec. 2, 1914.....	1907.....	G. W. University.....	
643	Boyd Richard Read.....	Jan. 13, 1915.....	1912.....	G. W. University.....	
644	Augustus C. Gray.....	Jan. 13, 1915.....	1912.....	G. W. University.....	
645	Lester Neuman.....	Jan. 13, 1915.....	1913.....	Georgetown.....	
646	Ralph M. LeComte.....	Jan. 13, 1915.....	1910.....	Georgetown.....	
647	Robert B. Bacon.....	Jan. 19, 1915.....	1893.....	P. and S., Baltimore.....	
648	Patrick S. Madigan.....	Jan. 19, 1915.....	1912.....	Georgetown.....	
649	Thomas Miller, Jr.....	Jan. 20, 1915.....	1914.....	G. W. University.....	
650	Samuel L. Battles.....	Jan. 27, 1915.....	1906.....	G. W. University.....	
651	Thos. Victor Hammond, Jr.....	Feb. 10, 1915.....	1908.....	Jefferson.....	
652	Francis J. Ready.....	Feb. 10, 1915.....	1913.....	Georgetown.....	
653	John Lawson Norris.....	March 17, 1915.....	1897.....	National Univ. Wash'ton.....	
654	Robert Steele Irvine.....	March 31, 1915.....	1914.....	Columbia, N. Y.....	Resigned Oct. 11, 1916.
655	Melville Bendheim Fischer.....	April 14, 1915.....	1913.....	Georgetown.....	
656	Claude Carlisle Caylor.....	May 13, 1915.....	1910.....	University of Virginia.....	
657	Leslie Elmo Elliott.....	June 12, 1915.....	1904.....	Amer. Med. Miss.....	
658	Albert Elwood Pagan.....	June 23, 1915.....	1912.....	G. W. University.....	
659	Edward Lloyd Morrison.....	Dec. 1, 1915.....	1905.....	Jefferson.....	
660	Eugene Arthur Taylor.....	Dec. 8, 1915.....	1908.....	University of Virginia.....	
661	Ferdinand Henry Mistretta.....	Dec. 8, 1915.....	1914.....	Georgetown.....	
662	Wm. Clark Sparks.....	Jan. 20, 1916.....	1908.....	University of Virginia.....	

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663	Kate Breckinridge Bogle.....	Feb. 9, 1916.....	1914, Hopkins	
664	Arturo Luis Guerra.....	Feb. 9, 1916.....	1914, Georgetown	
665	Josiah Baker Henneberger.....	Feb. 18, 1916.....	1913, G. W. University	Resigned Oct. 10, 1917.
666	Thos. Madden Foley.....	March 8, 1916.....	1903, G. W. University	
667	Daniel Lee High.....	March 18, 1916.....	1907, Hopkins	
668	Helen D. Clarke Kempf.....	March 22, 1916.....	1913, Georgetown	
669	Arthur Morris Zinkham.....	March 22, 1916.....	1912, Georgetown	
670	Wm. Francis O'Donnell.....	March 22, 1916.....	1913, Georgetown	
671	Albert Sidney Maddox.....	April 6, 1916.....	1890, Bellevue	
672	Wm. Berry Marbury.....	April 6, 1916.....	1909, University of Virginia	
673	Chas. Haddon Saunders.....	April 6, 1916.....	1912, Georgetown	
674	J. Ward Mankin.....	April 6, 1916.....	1906, P. and S., Baltimore	
675	Chas. L. Dugan.....	Oct. 18, 1916.....	1912, Georgetown	
676	Amy Jean Rule.....	Oct. 18, 1916.....	1908, Woman's Med., Phila.	
677	Wm. Olendorf Wetmore.....	Oct. 21, 1916.....	1895, Columbian	
678	Max Eugene Wall.....	Nov. 22, 1916.....	1883, University of Munich; 1901, University Melbourne	
679	Marcus Ward Lyon, Jr.....	Jan. 6, 1917.....	1902, G. W. University	
680	Arthur George Compton.....	Jan. 10, 1917.....	1907, G. W. University	
681	Nelson DuVal Brecht.....	Jan. 10, 1917.....	1906, G. W. University	
682	Harry Willis Miller.....	Jan. 10, 1917.....	1902, Amer. Med. Miss.	
683	John Wilson Hopkins.....	Jan. 10, 1917.....	1908, G. W. University	
684	Wm. Elmo Turton.....	Jan. 24, 1917.....	1908, Georgetown	
685	Eugene Clarence Rice, Jr.....	Jan. 31, 1917.....	1916, G. W. University	
686	Maximilian Christian Wall.....	Jan. 31, 1917.....	1911, Guy's Hosp., London	
687	May Davis Baker.....	March 20, 1917.....	1896, Howard	
688	David Oscar Smith.....	March 28, 1917.....	1910, University of Michigan	
689	Horace Frederick Wm. Warder.....	April 4, 1917.....	1913, M. R. C. S. and L. R. C. P., London	
690	Joseph A. Mendelson.....	April 4, 1917.....	1915, Temple Univ., Philadelphia	
691	John Edward Lind.....	April 9, 1917.....	1909, G. W. University	
692	Lauretta E. Kress.....	May 11, 1917.....	1894, University of Michigan	
693.	Custis Lee Hall.....	May 16, 1917.....	1912, G. W. University	

694	Samuel M. Sacks.....	May 30, 1917.....	1907, G. W. University.....
695	James Harold Collins.....	May 30, 1917.....	1915, G. W. University.....
696	Anita Alvera Wilson.....	June 7, 1917.....	1911, Syracuse University.....
697	Frederick Y. Donn.....	June 13, 1917.....	1915, G. W. University.....
698	Wm. Turner Parsons.....	June 13, 1917.....	1907, Hopkins.....
699	Howard Francis Kane.....	July 20, 1917.....	1912, G. W. University.....

November 7, 1917, two applicants were elected members: Drs. James Spencer Hough, 1893, Georgetown, and Rudolph Bloom, 1914, G. W. University. Dr. Enrico Castelli, who was elected January 26, 1916, and Dr. Arthur C. Christie, May 2, 1917, have not yet signed the obligation and do not therefore appear in the seniority list. Dr. S. E. Lewis died November 17, 1917, and Dr. E. M. Schaeffer, November 30. Drs. J. M. Cabell and J. B. Henneberger resigned October 10.

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NOTICE.

This number of the ANNALS being devoted to the story of the Centennial celebration of the Society, the usual work of the Society, the papers read and cases reported and the discussions thereon, the obituaries, and the usual editorial matter will be published in the March number, which it is planned to issue as early in February as possible.

THE PACIFIC MEDICAL JOURNAL, the oldest journal on the Pacific coast, which has just completed its 60th volume, has been acquired by Dr. William J. Robinson and will be consolidated with *The American Journal of Urology and Sexology*. The combined journal will continue under the editorship of Dr. Robinson and will be published from 12 Mt. Morris Park West, New York City.

OUR FORMER TEACHERS IN GERMANY*.

Many medical men in this country have visited Germany for the purpose of continuing their studies. The laboratories and clinics of German universities were quite familiar to American medical men. We know the Anglo-American Societies at Berlin and Vienna and have spent many pleasant evenings at them. There we met many of our colleagues from this side and were introduced to leading German professors who talked to us and considerably offered to form classes in the various medical specialties if so many would attend at so many marks each. We learned much at some of these special clinics and lectures, and our professors were able to convert many dollars into marks.

* From the *Journal of Laboratory and Clinical Medicine*, December, p. 205. An editorial by Dr. Victor C. Vaughan of Ann Arbor, Mich.

The relations between teacher and students were pleasant and for the most part profitable to both. We learned to admire many of these great teachers and possibly to love a few of them. When the war began our old teachers assumed that their old students would be pro-German. Indeed, they could conceive of nothing else. Probably no one in this country, not of German birth or descent understood the German mind and its attitude toward science and truth better than those of us who had studied in German universities. To us the German professor revealed himself better and more fully than anyone else could have done. Every lecture and demonstration was an exhibition of his psychology and in this there were many things which no truth-respecting individual could admire. He was generally a learned man in a narrow way, but too often his learning was greatly overshadowed by his arrogance. To him science was "Die deutsche Wissenschaft" and he found frequent opportunity to extol it. He seldom referred to the researches of the men of other nations, and, when he did so, he most authoritatively criticised, minimized, or misstated the facts.

In a course of lectures on the development of abdominal surgery I heard one of the most eminent of German professors say that Bilroth was the first to do an ovariectomy. As I listened I thought of the shades of Ephraim McDowell and his immediate American and English successors, and I wondered whether ignorance or arrogance was the basis of the false statement, and I pitied my German coauditors who evidently accepted it as truth. In this instance I did dare to remonstrate with the learned man at the close of his lecture, but the interview still left me undecided between his ignorance and arrogance. A course of lectures in the history of our knowledge of digestion contained no reference to the work of our Beaumont and Dunglison, although it is true that at the very time that Beaumont was making his classical studies on Alexis St. Martin, the professor of physiology in the University of Berlin was teaching that the stomach is simply a storage and not a digestive organ. I have searched the voluminous German literature on toxins and antitoxins without finding mention of the fundamental researches of Mitchell and Reuchert at the University of Pennsylvania or those of Sewall at the University of Michigan. On the other hand, Calmette and other French immunologists, on visiting Ann Arbor, have first of all wished to see the place where Sewall first immunized pigeons to snake venom. The German professor begins the history of tuberculosis with the discovery of the bacillus by Koch, and one would in no way detract from the honor due to the untiring zeal of this great man; but it is a fact that at least a decade before Koch began his work on tuberculosis Villemin had demonstrated the

presence of a virus in the tissue and certain excretions of tuberculosis animals, including man. Indeed, he went much further than this and demonstrated the unity of tuberculous infections, a fact up to that time most vigorously denied by Virchow and other German teachers.

We know how the German mind has misunderstood and misinterpreted the teachings of Darwin. In the "survival of the fittest," he has decided that he is the only one "fit." "In the struggle for existence," he has shown himself capable of using the most brutal weapons and to resort to the prostitution of science to the accomplishment of his personal and national desires. His arrogance, so plainly in evidence in his classrooms years ago, has grown into a megalomania which has engulfed the world in a cataclysm and threatens to overthrow the pillars of civilization. The German mind is still in an infantile state, and science in German hands is as dangerous as explosives in a playroom.

American scientists who have studied at German universities are not as a rule pro-German. Individually we respected many of our teachers, but we were not blind to their defects. Because we did not leave the table in rudeness, they assumed that we enjoyed the food they supplied, and we did. There was some real sustenance in the broth and a few plums in the pudding, enough to make it worth while, since we already had the fundamentals of science and were able to the most part at least to distinguish between the real and the false. In short, our German professors at that time gave us both instruction and amusement. We were not idiots, blind, or deaf, but we did not fully appreciate the pathologic significance of that well-nigh universal German attribute of arrogance and self-conceit. Even at that time it occasionally became boring and even disgusting, but we did not fully realize its malignant capabilities. It has grown into a great tumor and must be excised if it takes the rest of the world and all time to do it.

Even the tyro in science knows that most of its great discoveries are not of German origin. What of the steam engine, the compass, the telegraph, the telephone, the aeroplane, even the submarine—the list might be indefinitely extended. Science is the exclusive property of no nation; its functions are normally beneficent; its devotees seek the welfare of the race, and not personal or national aggrandizement. Did we have patents on the medicinal uses of quinine, the iodides, the employment of anesthetics and antiseptics? No, we left the patent medicine business to charlatans in this country and German scientists abroad, and both fattened on our good nature and our dollars.

V. C. VAUGHAN.

THE NEW BUILDING.

The success of the building project is assured. Title to the building is now vested in the Society and about \$6,000.00 have been paid into the building fund. The members who have withheld their subscriptions pending assurance of the success of the building project need withhold their subscriptions no longer. If every member of the Society will contribute to the Building Fund as he or she has prospered, the building will be erected in 1918.

The deed to the building site was duly recorded on December 10, 1917, and as soon as the whole of the purchase money for the site shall have been paid the building will be erected.

Contributions to the Building Fund have been received from the following named members of the Society:

Wade H. Atkinson	Harry Hurtt
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WASHINGTON MEDICAL ANNALS

ANNUAL ADDRESS OF THE PRESIDENT OF THE
MEDICAL SOCIETY OF THE DISTRICT OF
COLUMBIA, DECEMBER 12, 1917.

BY GEORGE WYTHE COOK, M. D., LL. D.,
Washington, D. C.

MEMBERS OF THE MEDICAL SOCIETY:

The constitution of the Medical Society of the District of Columbia requires that the President "shall deliver an annual address at some meeting in December of each year," and as I see no way of escape, I am compelled to discharge that obligation.

As to what should be the character of an address on an occasion like this, opinion has varied, some maintaining that it should be purely scientific, others that it should be devoted exclusively to the requirements of the Society, while a third contingent claims that it may be dual in nature, combining both qualities.

Without attempting a solution of the mooted question, I will content myself with some random observations, hoping to say something that will stimulate and strengthen the *esprit de corps* of the Society, and, in popular phraseology, encourage good teamwork. For if we expect to make much progress it will be necessary to pull together and not to pull awry. The disastrous results of this latter action were strikingly shown on the lantern slides exhibited by the "Committee on Attendance" at a recent meeting of the Society.

Fidelity to the Society and a concentration of talent and energy in her behalf are essential to the kind of success that should inhere in this body.

Placed as we are at the capital of the republic, our members are brought in close contact with distinguished persons, not only from our own country, but from all parts of the world, and it is not enough that we should be satisfied with this close personal touch in a professional way with these persons, but the benefit of the wide experience and best thought of our members should be given broadcast, and the appropriate channel through which those thoughts should flow is the Medical Society of the District of Columbia.

This would give character to the Society and at once locate and identify the writer. Many of our members do this in an admirable and creditable way, but I am speaking more particularly to those erudite members who never contribute papers or participate in the discussions and seldom if ever attend our meetings.

This Society already has a place in the sun, but that it shall attain and maintain the higher position that it should hold, it is incumbent on all the members to attend the meetings and at various times contribute the results of their thought and wide experience.

In response to the questionnaire sent out by the "Committee on Attendance," among other reasons given for the meager numbers at the weekly meetings was one that "the Society was too much controlled by the old doctors." It is true that the old guard is always on duty because it appreciates the benefit derived from regular attendance, but it is a grievous calamity that such a notion as indicated above should be in the minds of any of our members, for I am sure that no one will more heartily greet and encourage our young confrères than we "old doctors."

If there is such an one let him take courage and present here his observations and reflections upon a few well studied cases, and I am sure he will receive the same merited recognition that has already been given to many in this Society; and if he should feel that he has not done himself justice, nor been as successful as he would like, let him "pick his flint and try again."

I commend to him these lines:

"Success! It's found in the soul of you,
And not in the realm of luck!
The world will furnish the work to do,
But you must provide the pluck.
You can do whatever you think you can,
It's all in the way you view it;
It's all in the start that you make, young man,
You must feel that you're going to do it."

A large number of our members have felt that they were "going to do it," and by their "pluck" have attained a success that has redounded to their individual reputation as well as to the credit of the Society.

One cause alleged for the slim attendance at the weekly meetings of this body is that there are so many smaller societies to which the members give their first allegiance and best efforts to the neglect of the major society, thus scattering the strength that should be centered here. I am not prepared to advocate the disbandment of all of these societies, because some of them have about them a quality that is very pleasing and attractive, so that one is loath to urge their disintegration; but our members should feel a pride in the parent body, which has an ancient origin and

an honorable record, and present here to the larger audience the best fruits of their wide experience and ripper thought.

It sometimes happens that some one of the special societies considers a particular subject that would be of interest to the general profession, and when the same or a kindred topic is presented here the members of the special society, having already discussed the matter among themselves, do not attend our meeting and we are thus deprived of their valuable thoughts and experience. I have heard fine papers read here that were not followed by the discussions that they merited. This should not be, but coördination and unity of purpose should be our guiding principle, that we may maintain and enhance the high position that every member should and does desire for this Society.

In this earnest entreaty for the best scientific product from the minds of the fellows of this body, I am not unmindful of the difficulties that environ you owing to the paucity of opportunity for original investigation. Unfortunately the hospitals cannot provide the facilities necessary for satisfactory research, because of lack of endowment.

Reviewing the transactions of the year, I find that many fine papers have been read, and I thank the members for the splendid work that has been done. I cannot refrain, however, from expressing regret that so few pathological specimens have been presented here, and I urge upon the members the desirability and advantage of having more of them.

This has been a notable and exceptional year. The Society has rounded out its century of existence which was celebrated with eclat and enthusiasm. Though a centenarian, she is not decrepit, but begins her new cycle with renewed vigor and energy, and if the members will, she may add new and greener laurels to the chaplet that already garlands her crown. There can be no doubt of the glorious future that awaits this Society at the behest of her own devoted members.

I may mention as of special importance two meetings which were held for the purpose of stimulating the patriotism of our members and urging them to apply for commissions in the Medical Officers' Reserve Corps. One was held in this hall in May last, which was addressed by Major Noble, of the office of the Surgeon General of the Army; by Surgeon Murphy, of the office of the Surgeon General of the Navy; by Dr. F. F. Simpson, Secretary of the Medical Department of the Council of National Defense, and others. A mass meeting of the physicians of the District of Columbia was held in June, in the auditorium of the Central High School, under the auspices of this Society, which was addressed by the Vice President of the United States, by Representative Julius Kahn, of California; by Colonel T. H. Goodwin, of the British Army, and others. Though our members

did not manifest much enthusiasm on these occasions, they are no slackers; they are accustomed to face danger, and never falter in the presence of plague or pestilence, and are no more afraid of bullets than of bacteria, and at their country's call they have responded nobly, for more than twenty-five per cent. of our male members have been commissioned in the Medical Officers' Reserve Corps, or in the Red Cross service, not to mention those rejected on account of age or other disability.

Some years ago it was sought to have the charter of the Society so amended that amalgamation of the Medical Society of the District of Columbia and the Medical Association of the District of Columbia might be effected under its aegis, but it failed—I now believe—through misapprehension on the part of some of the legislators. As the time was ripe for the union of the two bodies, the charter was discarded and allowed to lapse.

Some time during the current year, on the recommendation of the Executive Committee, the Society directed that an attempt should be made to have the charter revived. This I undertook during the summer, and a proposed charter was introduced in both Houses of the Congress. Nothing more could be done at the special session, as legislation was limited to war measures.

I have every reason to hope for favorable action upon it at an early day during this session, as my request, in the name of the Society, for its enactment was courteously and favorably received by some who had formerly opposed it. A copy of the proposed charter was printed in a late number of the *WASHINGTON MEDICAL ANNALS*. The names of the incorporators are those of the members of the Executive Committee, and in that capacity represent the Society.

Death has smitten us with a heavy hand, twelve of our members having died during this year:

Jesse H. Ramsburgh,
Hamilton Wright,
J. Ford Thompson,
Walter W. Wilkinson,
Charles E. Hagner,
Hubbard Gillette,
Peter H. Stelz,
Dwight Gordon Smith,
Charles H. Bowker,
Albert L. Lawrence,
Samuel E. Lewis,
E. M. Schaeffer.

Five active and three associate members have resigned. Twenty-one active and nine associate members have been added

to the rolls, so that the end of the year finds us with a slight increase in membership.

The average attendance at the ordinary weekly meetings has been *eighty*. Adding the special meeting for war service, the meeting when the Baltimore Medical Society visited us, and the second war service meeting, gives an average attendance for twenty-eight meetings, of ninety-six.

Not the least of the important events of the year has been the adoption by the Society of the recommendation of my immediate predecessor, that the Society at once take steps toward the procuring of a permanent home. This has been a matter very dear to my heart during many years, for it was the theme of my presidential address in 1893. I congratulate Dr. Davidson on the fine work done by him and the building committee. The lot has been secured and the building fund is growing in a satisfactory way. It may be I will yet see the Society housed in a building of its own.

To the various committees, standing and special, I am indebted for their energy and promptness. The Essay Committee has provided excellent programs, and I hope it will reach out after certain excellent men who should bring grist to this mill.

The attitude of our Treasurer, Dr. C. W. Franzoni, is unique. He has stood at the receipt of customs for lo! these many years, gathering in the revenues of the Society and guarding them faithfully and prudently. No wonder the Society elected him last week for his forty-fifth term by a unanimous rising vote, thus justly honoring his fidelity and excellence.

I am especially indebted to the Recording Secretary for his most efficient aid in facilitating the conduct of the business of the Society.

I have carried around with me the rules of order adopted by the Society for its government, but have had no occasion to invoke their aid, your courtesy and consideration having relieved me from the embarrassment of parliamentary entanglements. This has made it very pleasant and agreeable to preside at your deliberations.

In retiring from the office of President which you so graciously bestowed upon me for a second time—after the lapse of a quarter of a century—I carry with me most pleasing recollections and grateful appreciation of your generosity and kindly consideration, and bespeak for you the benediction of abundant and continued prosperity.

ROENTGENOTHERAPEUTIC CASE REPORTS.

1. METASTATIC BONE CARCINOMA FOLLOWING PRIMARY ADENOCARCINOMA OF THE LEFT BREAST. 2. MEDIASTINAL TUMOR WITH METASTASES IN THYROID. ROENTGENOGRAMS.*

BY CHARLES A. PFENDER, M. D.,

Washington, D. C.

Case 1.—The earlier history of this patient was presented to the Medical Society in November, 1916, and I promised to complete the report should the opportunity present itself. The patient withdrew from observation, however, and it was only a few days before her death that I had occasion to re-examine her.

Mrs. W., age 43 years, had a radical operation for adenocarcinoma of the left breast in April, 1914, performed by Dr. Lewis Harvie Taylor. During the course of a year, metastatic carcinomatous lesions in the 3d, 4th, 5th and 6th left ribs in front were manifested by nodular growths which could readily be seen and palpated. In May, 1915, the left temporal bone area began to protrude. Soon after this was observed the patient grew rapidly worse and suffered intense pain from the pressure caused by the tumor. In June of the same year Dr. E. W. Burch, the family physician, conferred with me with the object of roentgenizing this patient.

From July 29–31, 1915, nine doses of roentgen rays (225X) were administered to the left side of the temporal region, chest and spine. At that time the general suffering and pain caused by the carcinosis of the left temporal bone was excruciating. Patient also complained of pain in other parts of the body, but this caused comparatively little discomfort. The growth in the skull had produced considerable deformity of the head and face, with protrusion of the left eye. The distorted facial expression was by no means pleasant to note. Patient was greatly emaciated.

Within ten days after roentgenization improvement in the symptoms was noted.

On August 17–18, 1915, 250X units were administered. The spinal pain had ceased entirely and the costal nodules were rapidly decreasing in size, while the pain in the head was giving her very little discomfort.

The third series of 225X units was given over the head and chest September 6–7. At this time the patient stated that she had had no pain whatever since the last treatment three weeks previously. On October 5 of the same year a fourth series of 225X units was given. The protrusion of the head had almost

* Read before the Medical Society November 14, 1917.

entirely disappeared and the facial aspect was practically normal; the eye was now in its normal socket. Patient stated that she had had no pain anywhere. On examination it was found that that skin and rib tumors had entirely disappeared. Patient continued to improve and by December 16 had gained ten pounds in weight. On this date she was given 30X units over the left temporal region. Roentgen-stereograms at this time showed a small dense shadow in the temporal bone about the size of a coffee bean, which compared favorably with the larger and more diffuse shadow noted in the plates made at the beginning of the treatment.

On February 5, 1916, the condition of the patient was excellent and she reported continued gain in weight. Only one more roentgenization of the head was accepted, after which the patient withdrew from observation and treatment, although I had tried to impress her with the fact that she was not cured, that her symptoms had only been ameliorated and that further observation was imperative if she expected to remain well.

Unfortunately, due to some internal dissensions in the family circle, she returned to a former acquired habit of alcoholic excess, which had been developed from the efforts to find some relief from suffering during the early period of her affliction.

I did not see or hear of the patient again until December 20, 1916, about 10 months later, when I was sent for upon the solicitation of the family physician who had quite recently been called in to see her again. She greeted me with the words, "I have tried everything; Christian Science helped me a little, but nothing seems to have done me so much good as your x-ray treatments, and I want you to give me some more now." She had been bedridden for several weeks and was unable to walk about without crutches on account of the spinal weakness and pain. Her head, however, was giving her no trouble, nor was there any sign of recurrence in the temporal region.

I voiced the opinion that it was probably too late to do much for her now, but if she would consent to go to Sibley Hospital and submit to a general roentgenographic examination of the chest and spine and pelvis, I would tell her what I thought of her condition and whether it would be advisable to treat her.

On December 28 roentgen-stereograms of the chest, spine and pelvis were made. Single plates of the knees were also made. The study of these plates revealed a most extensive carcinosis including practically all the ribs, the shoulder girdle, all the vertebrae, the pelvic girdle and the head and neck of both femora. Even the left knee showed a beginning involvement in the femur. The plates which I will show you emphasize the advanced stage of the invasion. The patient died a week later.

Case 2.—Mrs. J., white, age 43 years, was referred for roentgen

therapy March 19, 1917, by Dr. James Gannon. The patient stated that her trouble dated back more than two years, that she had not been well at any time during this period and that she had lost weight progressively. Of late she experienced great difficulty in breathing. It was her opinion that all her troubles were due to a tumor in the throat. This mass was first noticed in the left thyroid from which it spread to glands in left supraclavicular region and pectoral region of the same side.

Dr. Smallwood, the family physician, brought her to Dr. Gannon for operation on the thyroid. She was considered a bad operative risk and he sent her to me. I saw her for the first time March 19, 1917. She was emaciated, hardly able to carry herself around and was coughing incessantly. She could not lie down to rest, but remained in sitting posture day and night. As soon as she reclined, paroxysms of coughing became so severe that she had to get up for relief. Stated that she had not been able to lie on her left side for fully two years. Pulse 140; respiration labored; voice raucous. Physical examination showed nodular swelling with general enlargement of left thyroid; nodules in supraclavicular spaces. There was pronounced superficial venous compensation such as we see in vascular sarcomatous areas. Large nodule, size of an egg, was noted in pectoral region, towards the axilla. Tremor was marked; no appreciable exophthalmos; no eye changes noted. Diagnosis by Dr. Gannon: Sarcoma of the thyroid; inoperable.

She was given roentgen therapy with patient in the chair on the same day. Repeated on March 26. The third treatment was applied April 10, and on that day she was weighed and found to balance the scales at 99 pounds. By April 21 her condition had been much improved. The nodule in the chest had disappeared and the supraclavicular nodules were barely perceptible. The thyroid mass had been greatly reduced also. A fluoroscopic examination of the chest was made in the presence of Dr. Gannon, and this revealed, in addition to the findings noted previously, a large mediastinal tumor which occupied practically the entire left chest, obscuring the heart shadow and extending well beyond the sternal midline. This proved a rather disappointing discovery, with a more unfavorable prognosis. However, it encouraged us to persist even more energetically in our treatment than before. She received 4 applications, 5 millis, 10 minutes, 4 aluminum and leather filter, distance 8 inches, gap 9 inches, averaging 30X to the application, a total of 120X at that treatment. Her weight now was 102 pounds.

On May 12 she came for observation and showed great improvement. She claimed that she was well. She stated that she could lie down and sleep on her left side, or any other way she chose, for the first time in two years. She had no cough nor

irritation and her voice was quite normal. She talked freely and without effort. That morning she had walked a mile to the railroad station on her way to town and she had enjoyed the walk. Weight 105 pounds. She received four applications this time, and was instructed to return in three weeks for another treatment.

I did not see her any more for three months. On August 6 she came in to see me because she had been gored by a cow; the horn had struck her chest in the left pectoral region and much pain persisted. Until that time she had been doing splendidly; was doing her housework and the usual chores about a farm. The collision with the female species of the bovine contingent put her to bed for a few days, and she soon recovered, with exception of the tumefaction and pain in the left chest. Examination showed a diffuse swelling over the pectoral area, but no other visible sign of injury, abrasion or contusion. Weight 114 pounds. She received roentgen treatments August 6 and 20 and improved rapidly. Weight 117 pounds.

September 11 she developed a cough and grippe, but returned for treatment. On October 20 she was improving from the cold and her weight was 116 pounds, still 17 pounds over her weight when I first took it April 10.

The patient is still under treatment. I believe that she will continue to improve if she will continue her treatments. She says she feels like one who has risen from the grave, and I trust she will give me the opportunity to get her entirely well so that she may enjoy life for many years to come.

Dr. S. R. Karpeles asked why no specimen had been removed from the case of thyroid and mediastinal tumor; the masses seemed to have been rather accessible.

Dr. Pfender did not know why specimens had not been removed, unless it was because the patient was extremely ill and it was regarded as too dangerous. When the patient returned for treatment the second time it was not convenient to remove specimens, and on the third return there were no nodules left.

TWO CASES OF UTERUS DIDELPHYS.*

BY S. R. KARPELES, M. D.

Washington, D. C.

The uterus didelphys, or uterus separatus, signifies a complete separation of the two halves of the uterus with a double vagina. The diagnosis of the two cases reported in this paper was made after a careful rectal, vaginal, intra-uterine and intra-abdominal

* Reported to the Medical Society November 21, 1917.

exploration. In the living subject the extreme degree of the uterus duplex bicornis cum vagina duplici, where a very small union of the cervixes exists, can hardly be differentiated from the above condition. The extreme rarity of the true uterus didelphys is probably decidedly greater than is indicated in the literature in the Surgeon General's library, where two hundred and fifteen authors record cases under the general classification of "Double Uterus."

The Fallopian tubes, the uterus and the vagina are developed from the ducts of Müller. In early embryonic life these two ducts are entirely separated from each other, but during the process of development the lower portions approach each other and fuse together. The approximated walls are absorbed, and from the united portions the uterus and vagina are formed; the remaining ununited portions of the ducts form the tubes. The malformation of the uterus and vagina which is under discussion is the result of a failure of the ducts of Müller to unite, or a failure of the septum to be absorbed throughout a part or the whole of the normal segment of fusion. Where there is an entire failure of fusion and both ducts develop, the result is a double vagina and a double uterus, each having one Fallopian tube—the uterus didelphys.

Double formation of the uterus, as a rule, has no clinical significance, unless there is atresia and hematometra. Where pregnancy takes place in a rudimentary horn, the treatment is the same as for extra-uterine pregnancy.

Dr. Wm. M. Sprigg reported with illustration, in the Transactions of the Washington Gynecological and Obstetrical Society, 1891-1895, Vol. IV, pp. 285-290, a case of "Double Uterus and Double Vagina." The illustration shows a uterus duplex bicornis cum vagina duplici.

Dr. W. P. Carr reported in the WASHINGTON MEDICAL ANNALS, 1908, Vol. VII, p. 174, "A Case of Double Uterus," both uteri being the seat of fibromata. The most satisfactory report which we found was that of Dr. G. Scott MacGregor, "Three cases of (so-called) double uterus, with a table of one hundred collected cases," *Glasgow Medical Journal*, 1906, Vol. LXV. The summary of this article is of such interest that we present it, as follows: "Of the first fourteen cases mentioned (1835-1882), eight cases died of peritonitis following operation on the imperforate hymen, with retained menstrual products. Of the one hundred cases, thirty were unmarried, seventy married. Two of the thirty unmarried had had abortions. Of the seventy married women, fourteen were non-parous, while fifty-six were parous. Of these fifty-six, fourteen aborted and forty-four went to full term. From these forty-four women there were ninety-six children, while out of the labors of these there were two Caesa-

rean sections, two hysterectomies, four forceps cases, and thirty-six normal labors. In only seventy-one cases is there reference to menstruation, fifty-eight regular, eight irregular, five had amenorrhoea, and thirteen dysmenorrhoea. In thirty-eight cases there was noted the size of each uterine horn; in seventeen cases the left was larger; the right was larger in thirteen cases; in eight cases they were equal, while one was an infantile uterus didelphys. The vaginal condition was mentioned in seventy cases,—fifty-three double, eleven single, two no vagina, and in four the septum was torn in labor.

The following are the two cases of uterus didelphys which we desire to present:

Case 1.—E. M., colored, married, age twenty, elevator girl. Entered the ward at Garfield Hospital Aug. 29, 1917. Chief complaint, pains up and down sides. Family history, unimportant. Previous personal history: Had typhoid at seven. Had an attack of chills and fever four years ago. Had gonorrhoea two years ago. Denies syphilis. Has suffered from "nervousness" for the last two or three years. Menstruation began at fourteen, regular 28-day type, three days' duration, painful. Passes clots of blood and has leucorrhoea. Married at the age of eighteen. Has had no miscarriages and no children.

Present illness: Has been feeling below par for two weeks. On Aug. 25, 1917, was taken with cramps around the umbilicus, pains migrating to the upper right quadrant. Has been nauseated, but has not vomited. Bowels are irregular, with a tendency to constipation. Stools are of a greenish nature. Has headache. Every day has a chilly sensation, succeeded by a hot feeling, then by a sweat. On entrance to the ward, the patient's temperature was 101.6, pulse 132, respiration 28. The temperature stayed below 99 for two days, and gradually, four days later, reached 101.4, then slowly descended, reaching the normal on Sept. 7. The urine analysis was negative. The blood gave Wasserman triple plus. The case having been referred to the gynecological service, examination showed the vagina divided into two equal portions by a complete median septum which extended from the vault to the outlet. A well-formed cervix was present in each vagina. Upon the right side a tubo-ovarian abscess was diagnosed. On Sept. 10, after the usual pre-operative technique, the vaginae were thoroughly explored. A sound was introduced into the right uterine cavity for three and one-half inches, going well over to the right of the median line. Another sound, placed in the left uterine cavity, for three inches, went distinctly to the left side of the pelvis. The abdomen was opened and, after separation of adhesions of the ileum in the pelvis, a large tubo-ovarian abscess, and a firmly adherent, diseased vermiform appendix were excised from the right uterus. This latter was about normal in

size and shape and had only the one tube and ovary. On the left side a separate, distinct, conical uterus was demonstrated, with a tube and normal ovary near the apex of the cone. The patient's recovery from the operation was uneventful.

Case 2.—V. G., colored, age 25 years, married, domestic. Chief complaint, pain in lower left quadrant. Family history, unimportant. Previous personal history: Usual diseases of childhood. Had a curettage done two years ago. Since then has been in good health, with the exception of a little pain in the lower part of the abdomen, which has been present for seven years. Denies venereal infection. Had one miscarriage at four and one-half months. Menstruation began at fourteen, regular, 28-day type, duration, three days.

Present illness: On Sept. 11, 1917, while working, was taken ill with severe pains in lower left quadrant. Was nauseated and vomited. Had fever and chills. Pain was constant and was increased by walking. Frequent burning urination and pain in the rectum were noted. The bowels were constipated. Upon her entering Garfield Hospital her temperature, pulse and respiration were normal. Urine showed a faint ring of albumin and many leucocytes. White blood count, 7,900. Vaginal examination showed a double tubal infection, but no abnormality was diagnosed at this time. After the usual pre-operative preparation, an abdominal section was made, Sept. 21, eleven days after case No. 1. After separating omental adhesions, two infected tubes and ovaries were delivered, each attached to a distinct uterine body, conical in shape, and about normal in length. A distinct fold of peritoneum, extending from the bladder to the median line of the posterior wall of the pelvis, blending with the intestinal peritoneum above, divided the pelvis into two equal halves, each containing a uterine body. The tubes and ovaries were removed and the patient made an uninterrupted recovery. Before she left the hospital the vaginae were thoroughly explored, revealing a vaginal septum which at the outlet was concave and in close approximation to the right lateral vaginal wall, thus effectually concealing the lumen of the right vagina. The left vagina and cervix were fully developed, while the right vagina and cervix were undeveloped and rather difficult to demonstrate.

Dr. I. S. Stone had seen only one similar case in his operative work; Dr. Karpeles was to be congratulated on finding two. In Dr. Stone's own case pelvic infection was present on one side only; this is very rare and only explainable on the basis of a divided uterus. He had worked out a method of saving all of the pelvic organs in spite of gonorrheal infection elsewhere.

Dr. Frank Leech said that Dr. Stavelly had operated on one of his patients and had found on opening the abdomen a bicornate uterus, with a fibroid in one cornu. This was a woman about

36 years of age perfectly well except for occasional menorrhagia. She had been curetted previously without discovery of the uterine anomaly. She made a good recovery after the myomectomy, and menstruated normally thereafter.

Dr. D. G. Lewis asked if all these patients were colored.

Dr. Stone said that his patient was colored.

Dr. Leech replies that his case was a white woman.

Dr. Karpeles said that both of his patients were colored women.

CASE OF ABDOMINAL SYMPTOMS FROM REFERRED PAIN.*

BY W. J. MALLORY, M. D.,

Washington, D. C.

This case is reported for the purpose of emphasizing a fact known well enough, but not always remembered, namely, that abdominal symptoms are sometimes produced by lesions outside, as well as inside, the abdominal cavity.

Head, of London, long ago called attention to the segmental distribution of pain referred from the abdominal viscera, and Sherrington, the physiologist of Cambridge, England, worked out experimentally the relation of the abdominal sympathetic nerves to the spinal segments.

The physiology is briefly this: Peripheral irritation of a sensory nerve is transmitted along the nerve to the posterior root and cord, distributed to its segment, and passed on up the cord to the brain, where it is recognized as pain or discomfort.

In addition to the pain and discomfort recognized, another group of symptoms usually occurs, namely, the reflex symptoms of rigidity, tenderness, paraesthesia and alteration in visceral functions. On account of the extensive arborizations in the cord the reflex symptoms are much more widely distributed than the area of the lesion producing the primary stimulus, and it is therefore often difficult to locate the disease.

Lesions anywhere in the course of a sensory nerve will be referred to its peripheral distribution as is seen in the girdle pains and crises of locomotor ataxia due to the involvement of the dorsal nerve roots, and in the referred knee pain of hipjoint disease.

Lesions involving a posterior nerve root will produce symptoms over the whole area to which its branches are distributed, as well as disturbances of function in the whole visceral domain to which branches go through the sympathetic chain. The following case serves to illustrate this:

* Reported to the Medical Society Dec. 9, 1917.

Miss M., Russian Jewess, aged 20, in this country four years. Since her arrival she has had marked constipation, pain in the epigastrium ten minutes after eating, worse after solid food, but not relieved by diet or medicine. Some pain nearly always in the left abdomen and epigastrium.

Her temperature was 99 and pulse 88. There was rigidity over the whole abdomen, and tenderness over the epigastrium, especially marked over the transverse colon. She would not allow the withdrawal of a test meal, but the feces and urine on examination were found to be normal. Chronic appendicitis and other extra gastric lesions were considered. The diagnosis remained in doubt until a later more thorough examination revealed prominent vertebrae, and an x-ray showed a lesion evidently involving the posterior nerve roots.

Dr. Truman Abbe demonstrated x-ray plates taken in this case. He was especially interested in the case because it bore out one of his hobbies, namely, the occurrence of inflammatory lesions of the spine without recognition. He commented on Cabot's illuminating comparisons between autopsy findings and antemortem diagnoses; less than 75 per cent of the cases of Potts' disease at the Massachusetts General Hospital were recognized before autopsy. We simply do not think of the spine as the true origin of symptoms. Dr. Abbe had seen several cases in which multiple laparotomies had been done for the relief of symptoms which had their actual cause in tuberculous spines. This was a similar case.

Dr. J. Russell Verbrycke said that the case interested him because he had a similar one under observation; in his case, however, there were some confusing additional symptoms, namely, vomiting, regurgitation and variations of gastric juice. The x-ray plates showed osteoarthritis of the spine. We often hear of chest conditions giving rise to abdominal symptoms; it is not so generally remembered that the reverse may also occur.

Dr. J. T. Wolfe asked for light on three points: Would there not have been found painful spots on careful palpation of the spine in Dr. Mallory's case? Would there not be more evidence of the disease in a lateral x-ray plate? What is to be done for such a patient? It seemed to him that relief should be expected from extension and fixation of the spine.

Dr. Mallory said that there were tender spots over the spine. He could not answer in regard to the advantages to be expected from a lateral skiagram. Relief should be expected from extension and fixation by the usual orthopedic means. He agreed with Dr. Verbrycke that in these cases there may be disturbances of visceral function as well as of sensation.

TREATMENT OF INFECTED WOUNDS.*

BY W. C. BORDEN, M. D., F. A. C. S.,

Chief, Surgical Service, Walter Reed Army General Hospital.

The surgery of the present war has marked a great advance in the treatment of infected wounds.

The outbreak of the war found surgeons unprepared to combat the intense infections present as a result of the tremendous artillery fire, the filthy condition of the soldiers' clothing and bodies incident to prolonged exposure and "digging in" in a soil highly polluted through centuries of intensive agriculture. As a result, at first, tetanus, septicaemia and gangrene raged. Gradually, however, surgery rallied to the conflict and evolved more adequate means of combating the appalling conditions which confronted it. Necessarily the surgical lessons of war are not confined to it, but extend to similar affections of peace, and influence and direct the treatment of infected wounds whether made by war weapons or other agencies. The surgical lessons of this conflict are now so clear that we may say that much more definite ideas as to the treatment of infected traumas now obtain than ever before.

It is true that the conclusions reached by surgeons do not agree in all particulars and differ, notably, in regard to drainage of the wound and the particular bactericidal solution which is most effective in overcoming infection. Wright and many other surgeons believe that thorough drainage is essential. Carrel and his followers think drainage not necessary provided adequate bactericidal instillation of antiseptics is employed. The Wright school believes in the use of hypo- and hypertonic salt solutions. Directly opposed to this practice are the users of chlorine in some form, most notably the Carrel school, which applies chlorine solutions according to the special Carrel technique.

These different points of view have given rise to a great deal of controversy, and in the discussions incident to comparing the different methods many assertions have been made which appear to be ill founded. A short time ago it was my privilege for a week to accompany Dr. Carrel in his ward visits and see the cases under treatment by his method in the War Demonstration Hospital in New York City. Following this, we have had under treatment approximately 150 cases of infected wounds, some 40 at a time at the Walter Reed Army Hospital, most of them treated by the Carrel method, and recently a few treated by the dichloramine-T in oils recommended by Dakin.

* Read before the Medical Society November 28, 1917.

This acquaintance with the Carrel method has clearly demonstrated to the writer that some critics know so little about the actual working of his method that they quite misunderstand Carrel's attitude and contentions. Carrel and Dehelley in "Infected Wounds" make but one *basic claim* and follow this by two corollaries. Their basic claim is that a majority of infected wounds can be rendered surgically sterile. As corollary to this they claim: (a) That infected wounds made surgically sterile will heal more rapidly than wounds unsterilized; (b) that infected wounds made surgically sterile can be closed or grafted after they are sterilized.

Dakin, in advocating his chlorinated oils, makes no different claims. The chlorine users all maintain that if their technique is carried out in detail most infected wounds in military and civil practice can be made surgically sterile in a remarkably short time; and when it is mechanically possible such sterilized wounds can be closed or grafted, after which they will heal as one expects an operative sterile wound to do.

Surgical sterilization is the essential of the Dakin, Carrel, Dehelley contention, and the value of the use of chlorine rests upon whether or not sterilization of the wound is practicable.

So far as salt solutions are concerned, Wright makes no claim that wounds treated by these solutions are sterilized by them, and, in fact, they are not. But he does claim that these solutions are more easily applied, and that with adequate mechanical cleaning of the wound and drainage, under the usual conditions of surgery, equal results are obtained.

THE SURGICAL CONTROL OF INFECTIONS.

In order to adequately discuss our subject we must thoroughly understand the scope of the control of surgical infections, *i. e.*, ability to successfully combat the pathogenic, surgical micro-organisms present in infected traumas.

The field of surgical micro-organismal control is divided into three distinct parts, and we may illustrate graphically surgical control by a circular area divided into three sectors.

The first sector may be designated the *aseptic* sector. In this, we include the control of micro-organisms in all traumatisms made under aseptic conditions, that is, in ordinary surgical operations done under aseptic conditions. Here we control pathogenic micro-organisms by excluding them or killing them before opening the tissues, for in "clean" operative cases by aseptic methods we can and do control pathogenic surgical micro-organisms on the surface of the skin and on some of the mucous membranes. Over this—the aseptic sector—we have, within human limits, absolute control, and in this sector, up to the present time, our greatest surgical triumphs have been achieved.

The second sector of the circle is the *antiseptic* sector; this is the domain of "contaminated" and "infected" wounds. Here the wounds have micro-organisms scattered over the incised or lacerated tissues, as wheat is sown over a ploughed field. This is the special field, in which surgeons are now largely working, and in which there is so much controversy as to method. It is here that are exploited the chlorines in aqueous solution by the Carrel method, dichloramine-T in oils by the Dakin method, "B. I. P." by certain British surgeons, and the hypo- and hypertonic salt solutions of Wright.

The third sector of the circle of bacterial control is the *systemic* sector. In this sector the micro-organisms are between the living cells or in the lymphatics, the blood vascular system, or they are in metastatic foci. They have gotten below and beyond the surface of the opened tissues—they have invaded the body. Now the Carrel, the Dakin, the Wright and other methods of wound treatment have no *direct* effect upon the systemic infections. No known antiseptic technique has any direct control over pathogenic bacteria after they have gotten between the living cells or entered the blood or lymphatic currents or after they have established metastatic foci.

The control which we have in the systemic field, which has been absolutely demonstrated, is over a limited number of micro-organisms and their products, of which the most common are the bacillus of tetanus and of diphtheria, the spirochete of syphilis and the plasmodium malariae. Probably the gas bacillus, after the experiments of Bull, may be added to the list of controllables.

With this understanding of the field of surgical infection our foundation is laid. We now appreciate that the complete treatment of infected wounds must include, (a) the antiseptic, *i. e.*, bactericidal treatment of the traumatized surfaces, thus killing the bacteria *in situ*; (b) the killing and the neutralization of the toxins of those micro-organisms which have gained entrance to the tissues and the system of the individual affected. With this concept of the general aspects of the surgical control of the surgical, pathogenic micro-organism we have next to define clearly the different varieties of infected wounds.

INFECTED WOUNDS.

There are four types of infected wounds. These may be classified as follows:

1. Surface "contaminations." This is the condition of "dirty" wounds within the first few hours, generally not more than three, and rarely later than six hours after they are received. In these wounds the micro-organisms are simply scattered over the surface of the traumatized tissues and have produced no true "infection,"

using the term infection in the sense that pathogenic changes in the tissues have occurred.

2. Intra-cellular infections. In these wounds, the micro-organisms are no longer simply scattered over the surface, but have gotten between the living cells directly beneath the surface of the traumatized tissues, and pathologic changes and toxæmias are developed. This is the condition of soiled wounds a few hours after they have been received.

3. Systemic infections, *i. e.*, lymphatic, vascular or metastatic involvement. In these cases the micro-organisms have gotten beyond the wound into the lymphatics or into the blood stream or into the metastatic foci. This condition usually occurs some time after 24 hours from receipt of the wound.

4. Infections which are combinations of Nos. 1, 2 and 3. Thus we may have surface infection plus intra-cellular infection, and intra-cellular plus lymphatic or vascular or metastatic infection, or all three at once.

SURGICAL CONTROL OF INFECTED WOUNDS.

To successfully treat infected wounds we must be able to combat all four types of infection in wounds; (1) we must be able to kill the pathogenic micro-organisms on the surface of wounds; (2) all micro-organisms between the living cells; (3) all micro-organisms in the lymphatic and vascular systems and in the metastatic foci; (4) we must be able to neutralize the toxins of these invaders. When the science of surgery has provided means whereby these requirements may be accomplished complete control of infected wounds will be had and surgery will have registered its second complete victory following that of asepsis.

So far, while the therapist has scored some notable triumphs, the domain of systemic infections is largely unconquered.

The methods now under trial and discussion, whether those of Carrel, Dakin, Wright or others, have to do primarily with surface contamination and surface infections. It must be understood that these methods attack the bacteria in accessible locations, and have no *direct* influence upon those pathogenic micro-organisms which are in the deeper tissues or in the vascular or lymphatic systems.

Secondarily, the overcoming of surface infection influences the intra-cellular, the lymphatic and the vascular infections. If all the micro-organisms on the surface of a wound are killed so that there are no reinforcements to be thrown into the tissues, then it is made easier for the vital forces of the body—the metabolic activities of the organism—to produce lysins, bactericides and antitoxins, which will kill the pathogenic organisms within the body and neutralize their products.

Surgery demands that in some way we discover methods whereby systemic infection—the micro-organisms between the cells and in the lymphatics and vascular system and their toxins—may be attacked.

The present-day work of Carrel, Dakin, Dehelley and other experimenters in the antiseptic field is directed toward killing the bacteria on the surface of wounds and in the wound secretions. These workers have probably laid the foundation, even though they may not have built the final and complete edifice of combat against surface infection.

Carrel's experimentations checked off by bacterial count have demonstrated beyond question that certain chlorines when properly applied to the surface of wounds will kill the micro-organisms on the surface of traumatized tissues and this *without injury to living cells*.

Fortunately, most wounds are of such forms or can by operation be so made that the chlorines can reach all portions of their surface and kill the micro-organisms upon them.

But there are other wounds, particularly some of the compound fractures, and wounds with deep and hidden pockets and much devitalized tissue, where the micro-organisms can hide, as in the medullary cavity of bone, and underneath and in devitalized tissue where the chlorine or other solutions cannot get at them. These wounds present the difficult problems, which, as yet, are not entirely solved.

It has been shown that the old-time bactericides, such as carbolic acid and bichloride, are practically valueless to produce surface disinfection, at least in any strength which will not at the same time injure the tissues.

An efficient bactericide must be one which will not injure living tissue and which will kill bacteria in the body fluids and in the secretions which cover the surface of infected wounds.

Unquestionably, I think it has been demonstrated by Dakin, Carrel and Dehelley that the only present-time available agent which will kill micro-organisms without tissue injury is one of the chlorines. The question is which of the chlorines is most therapeutically efficient.

Carrel is mainly using three chlorine compounds: hypochlorite of soda ("Dakin's Solution"), chloramine (chlorazene) of proper strength (0.45 to 0.50 of 1%) and chloramine (chlorazene) paste. It appears that a hypochlorite of soda solution, properly used, will kill not only micro-organisms in the fluids which cover infected wounds, but has the additional advantage of dissolving devitalized and necrotic tissue, so ridding the wound of this culture material and lodging place for bacteria. Carrel mainly uses the hypochlorite solution in the beginning of the treatment and for a limited period of time until all necrotic tissue is done

away with. The Dakin's solution is then discontinued and the less skin irritating chloramine solution (2%) or chloramine paste is substituted.

Many have formed the opinion that the continued use of hypochlorite of soda is the essential part of the Carrel technique. On the contrary, the Carrel treatment constitutes a *surgical method* and is not merely the application of an antiseptic agent. Further, unless the treatment is carried out accurately it is practically valueless. The armamentarium for applying the chlorine solutions is comparatively simple. It is in effect an irrigating system, consisting of a solution containing, glass reservoir, and "instillation" tubes.

The "instillation" tubes vary in length, in the number of holes in their sides, and also in the fact that some are covered with bath toweling. The length of the tubes applied to the wound and the number of holes in the tubes depend entirely upon the depth or length of the wound, as the idea is that the tubes are to be of such length and the holes in the tubes of such number that the solution will be distributed over the whole surface of the traumatized tissue. The covered tubes, similar in length and in number of holes to the uncovered ones, are used only on the surface of wounds; the covering causing the fluid to be more steadily disseminated over the surface. All "instillation" tubes are of the same diameter—4 millimeters. The punch for making the holes must make the correct size of the hole so that the fluid will spurt out from *all* holes when it is thrown into the tubes. The "instillation" tubes are connected with the reservoir by glass connectors and rubber tubes 7 millimeters in diameter. The object of this exact size in these tubes is that a suitable amount of the solution may be carried down into the "instillation" tubes and sprayed out from all the holes. With one exception—in deep pockets—the drip method is never used by Carrel.

From 10 to 100 c.c., according to size of wound, rarely 100, and usually an average of 40 to 50 c.c., of fluid are let suddenly into the tubes every two hours, night and day. The distribution is done every two hours, for the reason that the chlorine solutions are very unstable, quickly lose their bactericidal action, and to be effective must be frequently reapplied. The control for letting the fluid into the tubes is a *pinch-cock*, not a screw-cock, as the requirement is to open the reservoir suddenly by pressing the pinch-cock, so letting the required amount of fluid go in at once and be sprayed over the wound.

It is essential that the "instillation" tubes be so placed in and on the wound that the fluid will be disseminated over *all* the traumatized surfaces.

For irrigating the tubes in ambulatory cases and for cleaning out the tubes, a large urethral syringe is used.

Operative interference. It must be emphasized that the irrigation of wounds by Dakin's or other solutions is but a *part* of the Carrel method. The complete method includes adequate *surgical* intervention, based upon the *time* element, an element of the greatest importance in the treatment of infected wounds.

It has been demonstrated that for the first three hours after receipt of an injury the infection-microorganisms are still on the surface of the tissues. They have not gotten between the living cells, into the lymphatics, or into the blood vessels. Strictly speaking, the wound is "contaminated," not pathologically infected. In some cases this period of contamination lasts for a longer time, even up to twelve hours. To properly carry out antiseptis in wounds, the length of time since the injury has been received must be considered.

When a patient comes to treatment early after injury a general anaesthetic is given, the wound laid *wide open*, all foreign bodies and *all* loose fragments of bones removed, *all* devitalized tissue excised, preferably *en masse*, and *all* pockets thoroughly opened so that every part of the wound can be reached by the bactericidal solution.

When wounds of longer duration come under treatment, extensive interference is not advisable for the reason that septicaemia may be produced by disseminating the bacteria through the freshly opened tissues. In these cases the patient should be put under a general anaesthetic and the wound carefully cleaned, all foreign material and loose pieces of bone removed, but fresh surfaces should not be opened except so far as is absolutely necessary for the removal of the foreign bodies or loose bone. The "instillation" tubes should then be placed in the wound, a proper dressing applied, and the case watched for developments. If smears taken from the wound show a continued absence of bacteria and clinical signs concur, the wound may be closed; if not, it is an indication of the presence of necrosed tissue or bone or unremoved foreign substances, and indicates further operative exploration.

Bacterial Count. The determination of the condition of the wound as to its bacterial content by microscopical examination of stained smears taken from the wound surface is another *essential* to proper antiseptic treatment.

Carrel has demonstrated that when smears taken from the wound show but one microbe or less to every five fields (using a 1/12 immersion objective and No. 3 eyepiece) continuously for five days, and other clinical signs concur, the wound may be considered surgically sterile and may be united or grafted.

In the treatment of infected wounds, as in other surgical procedures, laboratory findings must not be depended upon alone. The patient's temperature, pulse, general condition and the condition of the affected part must all be considered. Surface smears

may show an absence of bacteria while other clinical signs may indicate septic absorption, possibly from a deep focus, which must be reached and sterilized before closure can be safely done.

In suitable cases wounds properly treated show surgical asepsis in from three days to two weeks, after which time if the surgical asepsis continues, *i. e.*, shows but one micro-organism to five microscopic fields for four or five days, the wound may then be closed or grafted.

THE COMPLETE TREATMENT OF INFECTED TRAUMAS.

The *complete method* of treating infected wounds must not be confused with one of its *details*, *i. e.*, the instillation of antiseptics by the Carrel or other methods. The instillation of the antiseptic chosen is an important part of the method, but is only a part. The entire, present-time method includes:

(a) Complete exposure by open operation of all parts of the wound, the removal of all foreign bodies, loose bone fragments, the excision *en masse*, if possible, of all devitalized tissues, and the immobilization of the part.

(b) Proper instillation of one of the chlorine solutions so that all the surfaces of the traumatized tissues will be subjected to the bactericidal action of the solution.

(c) Systemic taking of smears to determine the bacterial content of the wound.

(d) Careful observation of all local and general objective and subjective symptoms, *i. e.*, pulse, temperature, respiration, kidney function, skin function, general condition of the patient and all local manifestations present in the affected part.

(e) Suturing, approximating, or grafting of the wound when it has been made surgically sterile, and when these procedures are mechanically possible.

In total, the treatment of infected wounds constitutes a *surgical procedure* founded on surgical training and judgment, and is not the mere application of this or that bactericidal solution or agent.

A variant of the Carrel method is the recently exploited use of dichloramine-T by Dakin and others. This antiseptic is used dissolved in eucalyptus oil and in paraffin oil. The combination is applied once in every twenty-four hours to contaminated and infected surfaces usually by means of a medicine dropper, cotton applicator, or a small spray apparatus of hard rubber or glass. At the present time the oily solutions of dichloramine-T are not produced in large quantity. The preparation of the solutions is difficult, and can be carried out only in manufacturing laboratories. To offset these objections is the small quantity of solution used—less than 1 c.c. of the fluid to treat an average wound, the light dressing and the ease of application.

Whatever present-day method of treatment is adopted, however, we must remember the aim and the limitations of these antiseptic methods. The aim is the surface sterilization of wounds so that infected traumas may be transferred to the aseptic field. Their limitations are that the activities of these methods are confined to the surface of traumatisms and do not directly affect systemic infections.

In summary, the following conclusions may be formulated:

1. The greater number of contaminated or infected wounds in which the pathogenic micro-organisms are in accessible locations on the surface of the traumatized tissues can be rendered surgically sterile.

2. Infected wounds made surgically sterile by antiseptics which do not injure the tissues heal more rapidly than do unsterilized ones.

3. Infected wounds rendered surgically sterile may be united or grafted in the same way as intentional, operative, aseptic, surgical wounds are united or grafted.

4. An ideal surgical antiseptic method for treating infected wounds is not yet devised, but workable methods, notably those of Carrel and Dakin, are now available for use in accessible infections.

5. The ideal method of the future will successfully overcome surface infections, intra-cellular infections and systemic infections.

6. In infections where there is a combination of surface, intra-cellular and systemic infection, sterilization of the surface by removing the focus enables the metabolic processes of the body to better combat the intra-cellular and systemic infections.

7. The treatment of infected wounds has now reached a sufficiently successful stage so that there is no excuse for not practicing the best methods now available.

In summary, this appears to be as far as surgery has advanced in combatting wound infection. However, even this is of incalculable benefit. If we can asepticise the surface of the majority of infected wounds, a great advance in surgery is registered. Thereby liability to secondary and systemic infection is removed or decreased, the length of time of disability is shortened, more rapid and perfect recovery assured, and lives are saved.

Dr. W. P. Carr said that the infected wounds treated by the methods described by Dr. Borden evidently had cleared up very rapidly; but Dr. Carr did not like to let the paper pass without expressing the opinion that we have not made any distinct advance in surgery by the adoption of these methods. The same principles and substances were in use when he was a student, thirty years ago. He had seen Dr. Bayne use the same methods at that time on a man with a cellular infection of the leg from a

wound at the knee; Dr. Bayne had employed a perfect network of tubes from the hip to the ankle and flushed the wounds with a weak carbolic solution every hour; the result could not be bettered today. It is true that the method had been largely abandoned by surgeons, but Dr. Carr had relied on it and had used it in thousands of cases. He believed that, properly used, carbolic acid and bichloride of mercury and iodine will accomplish just as much as Dakin's solution, and to these he would add potassium permanganate and ichthyol. The various members of this Society who have worked with him at Emergency Hospital—Drs. Snyder, Lewis, White, Magruder, Atkinson, and others—all know that these old infected wounds get well under his methods.

The important step is the primary treatment, which should consist of wide incision, trimming out of all devitalized tissue, flushing with iodine, and immediate closure. If the wound is already badly infected, still the method is to open widely, trimming out dead tissue, flushing with iodine both before and after; the results in both classes of cases are good.

Dr. H. H. Kerr said that much may be said on this subject, but certain points in the technic need to be dwelt upon. At present, the tide of discussion about the sterilization of wounds is upon the substance to be used for this purpose; that it can be accomplished has been proved. We have always regarded as ideal the solution that may be depended upon to kill bacteria in tissues and not the tissue cells; it has been definitely demonstrated that the chlorin solutions will do this far better than any other antiseptic solutions. This being proved, the question becomes one of technic. Carrel has so insisted on the fine points of his technic that he has frightened off many surgeons; but the practical application of the methods quickly dispels all fear of their intricacy. Dr. Kerr had been able recently to put in practice some of the Carrel methods with almost miraculous success; for instance, in a case of bone abscess, this was rendered sterile in four days, was kept under observation four days more, and then was closed with a fat graft with primary union.

Dr. Borden, in closing, said that in his opinion the cases cited by Dr. Carr had not been treated by the modern Carrel method at all; there were certain mechanical procedures in common, but the spirit of the Carrel methods was entirely lacking in the old practices described by Dr. Carr. As for carbolic acid, it has been definitely proved that it is inert against bacteria in body tissues. Confirming Dr. Kerr's remarks, the true basis of this work is the bacterial control; the determination of the amount of infection present in a wound nowadays is just as important and just as precise as taking the temperature or counting the blood cells to determine the state of the patient. No one will deny the efficacy of free drainage and old-fashioned washings in clearing up in-

fectured wounds, but they have been superseded by something better. To Dr. Kober he replied that it is quite true that the same chemical agent is employed in Dakin's fluid as in the old Labarraque solution; the difference is that Dakin's fluid is carefully prepared with exact titrations to determine a strength that will kill micro-organisms but not tissue cells.

THE TREATMENT OF INFECTED WOUNDS.*

BY W. P. CARR, F. A. C. S.,

Washington, D. C.

For some years before the present world war began few surgeons saw many extensive wounds that were badly infected, and few large mangled wounds except immediately after injury. Such wounds were immediately cleansed and dressed and rarely became seriously infected. But, in the early months of the war, military surgeons were suddenly confronted with innumerable cases of extensive torn, mangled wounds, frequently complicated by compound comminuted fractures, that had been, of necessity, neglected for a number of days and were in nearly every instance in a state of raging rancid suppuration. They were helpless for a while before the enormous number of such cases and the virulence of infection such as was rarely seen before.

Most surgeons had, of course, seen fatal infections of the peritoneal and other great cavities and cases of fatal erysipelas and pyaemia; but had not seen large ragged open wounds in such profoundly septic condition.

Dr. Geo. Crile, who was one of the earlier American surgeons to work in French hospitals, told me on his return that after the big battles, the wounded were often laid out in long rows upon the ground in such numbers that for twenty-four hours or more no attention could be given them except to have men pass down the lines occasionally with buckets of water to give them drink. Nearly every case reaching his hospital was profoundly septic and infected with organisms previously considered rare, such as the gas bacillus and organisms of faecal origin. The ground over which most of the fighting was done was in a state of intensive cultivation, highly manured and extremely fertile—in wet weather a sea of mud, in dry weather a Sahara of dust.

Every soldier's clothing was plastered with this mud or filled with this dust which penetrated even the pores of the skin and hair follicles. This dust and mud contained very numerous organisms such as we would expect to find in highly manured soil.

*Read before the Medical Society January 15, 1918.

Wright, Flemming and many others studied the bacteria of these wounds. Wright suggested the name of serophytes for those organisms that grow in normal serum, and sero-saprophytes for those that grow only in digested serum or albumins.

Among the serophytes found were streptococci and staphylococci, and among the sero-saprophytes all the anaerobes, bacillus of Welch, bacillus of tetanus, bacillus coli, bacillus entericus, putrefactive bacillus x and y, a "wisp" bacillus and a diphtheroid bacillus. Most of the wounds were made by rifle bullets at short range where they make terribly ragged wounds, or by shell or shrapnel fragments that are even worse.

And yet it was found later that even such wounds, the worst of them, showed no organisms in either smear or culture for the first six or eight hours. The organisms were there, of course, but had not in that time developed in such numbers as to be detected.

Strenuous efforts were made, of course, to combat these infections and much was accomplished even in the badly infected and neglected cases by freely opening and cleansing the wounds and maintaining antiseptics in contact with the whole wound surface; but it was soon found that the best remedy lay in prevention by early and thorough treatment, and when the war became trench warfare and it became possible to have hospitals, often dug deep in the ground, close behind the trenches, where prompt and thorough aid could be given the wounded, the morbidity as well as the mortality was tremendously reduced.

Moynihan, in an excellent article in the December (1917) number of *Surgery, Gynecology and Obstetrics*, page 587, after speaking of the general fear of primary closure of contaminated wounds, says: "But recent experience would seem to show that in cases reaching a well equipped hospital within ten hours, in a stage of contamination rather than of spreading infection, a mechanical cleansing of a most thoroughgoing kind, carried out ruthlessly and rapidly, will allow the great majority of the cases to be closed with an excellent chance of primary union. There can no longer be any doubt that many of the cases which have proved so successful under the Carrel-Dakin method would have closed equally safely and far more rapidly under the method of immediate suture; and that, consequently, a certain degree of suffering and much expenditure of time and no little expense would have been saved." To put the statement in what may seem an extreme fashion, he goes on to say: "The Carrel-Dakin method has achieved its greatest triumphs in cases where it need not, in fact, have been applied."

"More than ever we are now confirmed in our strong opinion that it is the primary mechanical cleansing after thorough exposure, with every precaution and care, that is the supreme necessity

in all cases; and that this alone if complete, will allow the natural defenses of the body to secure blameless healing of the wound."

Moynihan, in this excellent article, which I hope you will all read carefully, or not at all, goes on to say that after primary closure of a contaminated or surface infected wound it should be carefully watched for a few days and if the temperature remains high, or the wound looks angry and inflamed, or especially if a streptococcus infection be found, it should be opened completely and one of the antiseptic methods used.

This cannot be too strongly emphasized. I have personally seen many serious infections in both operative wounds and in accidental wounds that might have been easily limited to minor infections had the wound been carefully watched and properly treated at the first sign of infection.

If there is any one good thing that stands out as a result of these experiences, I think it is the complete refutation of that old fable of a protective wall thrown out around a wound by nature. A "Noli me tangere" wall of protective lymph and cells that should never be touched or broken.

True, there is some such wall. But it has been shown a very feeble protection and a barrier that prevents the normal body fluids and cells from reaching and destroying germs in the wound to a greater extent than it prevents the serophytes from penetrating the deeper tissues. And after all, no matter what the treatment, it is the natural defenses of the body, the serum and phagocytes and proliferating cells that are the final and all important factors in complete sterilization and healing of infected wounds.

This so called barrier is no barrier to the more virulent serophytes, but does prevent normal serum from reaching the serosaprophytes in the wound, and acts, instead, to feed them with tryptonized serum upon which they thrive. And, thriving and multiplying, they begin to break down and digest this very barrier itself and give aid in their turn to the virulence of the serophytes.

The healing of infected wounds is a tremendously complicated thing. There are many things we do not yet know about it. But one thing we do know; that in many cases, particularly of mixed infection, this barrier must be destroyed to get the best results. It may be done slowly perhaps by the solvent action of Dakin's fluid, or immediately and more effectively by the knife. Moynihan says that those of us who have worked with the pathologist at our elbow have long known this. I claim to be one of these.

But even before I heard of this barrier it had become my custom to remove it, by mechanical means, or by caustics, in chronic as well as acute infections and contaminations, with most grati-

lying results. Dr. V. B. Jackson, Dr. Wade Atkinson, Dr. Harry S. Lewis and many other members of this Society can testify to the excellence of the results in many cases.

I am not sure that I was not the first to use and advocate this procedure; but I do not know. I first had my attention called to this barrier by the gynaecologists as a contra-indication to curetting an infected uterus. And in that I heartily agree for the conditions there are very different.

Strenuous efforts were made, of course, early in the war, to find new methods for preventing and curing infected wounds, and these efforts resulted in very marked success. Not because any new principle was discovered, or any really new technique; but mainly because of more careful and thorough primary treatment, at an early period, and a more thorough systematic application of therapeutic methods long known and used by many surgeons.

The men who inaugurated these methods were, it seems, not familiar with what had been done in the past; and, seeing the wonderful improvement over the early war results, they no doubt honestly believed they had invented or discovered new principles and methods of immense value. Most of them were laboratory workers, not previously experienced in wound treatment. I do not wish to detract from the credit due such men as Dakin, Carrel, Rutherford Morrison, and Browning and his co-workers in the Bland-Sutton laboratory; but I think that credit should be given where it is really due, and that what these men really did was to revive parts of methods discovered from time to time in the more or less remote past by men to whom little or no credit was ever given, and whose names are in many instances practically unknown.

These more or less obscure men are the ones who really discovered every principle of the Dakin method, the Carrel method, the Morrison method, the Wilson Hey method and the Bipp method, and who used these methods with greater care, and even better results, than are being obtained today, and who wrote of them in the journals and read papers about them before medical societies, without attracting great attention, because they were comparatively obscure men, not recognized as great authorities. And yet their teachings have been followed by a few, even by some of our best known surgeons, with results equally as good if not better than any obtained in France today; because, in the hurried resurrections or re-discoveries, some essential feature has been omitted in every so-called new method.

The tendency is to a purely chemical, or purely mechanical, or purely physiological treatment, when in every case there should, to get the best results, be a careful scientific combination of these methods, supplemented by staining and vaccines.

It should also be remembered that with the great variety of wounds in size and shape, character and anatomic position, the great variety of infecting organisms, and the great variation in resistance of patients, and in the personal equation of both patient and surgeon, no one method is best suited to all cases.

All the new methods, so-called, however, agree upon one thing—the thorough exposure and thorough mechanical cleansing of the wound at the earliest possible moment. In other words, in the removal of the barrier.

There is certainly nothing new in this. It has long been practised and advocated by many surgeons, including the writer.

The only claim for novelty in Dakin's fluid is the giving of a measured strength of chlorine solution, for chlorine water was much used during our Civil War (1861–1865) and the chlorides have been long used as antiseptics.

It is doubtful, however, whether Dakin's fluid of a definite strength, can be made and used in practise, for some of our best chemists have written long articles showing that this can only be done by unusual methods and extreme care, and that it rapidly deteriorates in strength. In practical use it is perhaps no more definite in strength than chlorine water, and it is already being largely replaced by chloramine-T paste and other antiseptics. It is doubtful whether even in the exact strength recommended it is the best antiseptic for the majority of wounds, and it is certainly not the best for many infections, as I shall endeavor to show later.

The only possible novel thing in the Carrel method is the technique for applying Dakin's fluid. It is a good technique, but it is certainly an open question whether it is really new, or even whether it is the best method for the average case.

Morrison, like all the others, advocates the thorough and early exposure and thorough cleansing of the wound, both mechanically and with 1 to 20 carbolic solution followed by alcohol, Bipp, and immediate closure.

In this he has gone a step further in the right direction by adding efficient antiseptics to his mechanical cleansing. But I think he has not chosen wisely his antiseptics—carbolic acid, iodoform, bismuth. There have been several cases of bismuth and iodoform poisoning, but in spite of this and the fact that his use of the carbolic lotion is faulty in technique, his method, says Moynihan, is widely practised in the English base hospitals, and by many English surgeons considered the best.

It might be greatly improved by combining with it a staining of the wound and by a better choice of antiseptics. Hey uses a paste of brilliant green boric acid, paraffine and chalk. Why he added the chalk I cannot see. It is the last thing I would think of putting into a wound; but he is said to have obtained excellent results.

To my thinking, Edward Ochsner, of Chicago, has given a contribution to the treatment of infections that is of more value than all the above mentioned methods combined. His paper, read at a meeting of the Southern Surgical Society in December, 1917, appears in the transactions of that association for 1917, and perhaps elsewhere. I recommend its careful study to all surgeons. After giving a most interesting study of osmosis and showing that many substances are readily absorbed by the skin and other tissues, and appear in the urine, among them boric acid in saturated solution, he demonstrates very clearly, I think, that *an antiseptic need not necessarily be a germicide*. This, to me at least, is a really new and valuable idea.

In his experiments, lasting over many years, he also shows that an antiseptic which is very effective against one microorganism may have no effect on another, and may even favor the virulence of still others. He recommends a further study of various antiseptics in their relation to special germs, in order that the proper one may be chosen for each variety of infection. This is also a distinctly new and valuable idea. Ochsner's experiments were made chiefly with boric acid, which he finds freely absorbable by the skin and other tissues, but only when in absolutely saturated solution. He finds it to be as truly a specific against the streptococcus as is quinine against malaria.

It does not, however, *kill* the germs, but *renders them harmless*. Pus aspirated from a streptococcic abscess in one-drop doses killed guinea pigs promptly when injected into their peritoneal cavities, but pus from the same abscesses after treatment by wet saturated boric compresses, simply applied on the skin over the abscess for three to four days, became harmless even when injected in sixty-minim doses, although there was no diminution in the number of streptococci per c.c. These experiments were carefully checked by controls.

Ochsner finds boric acid a specific against streptococcus, very effective against staphylococcus albus and citreus; but that it has little or no effect on staphylococcus aureus, none on gonococcus specific infections, pyocyaneus, Flaschen bacillus of Unna, or on saprophytes; and that it is harmful in Malignant Oedema, Tuberculosis and Impetigo Contagiosum.

He recommends taking a smear and culture from every wound showing sufficient infection to get one, as a guide to the proper antiseptic, and I would add that this should be done also as a guide to a vaccine that may be needed immediately or later, and the culture should be preserved for autogenous vaccine if needed later.

The following method has been used in the Emergency Hospital for some years. Gunshot wounds and those contaminated by street dust or soil are given antitetanic serum, not only as a

preventive of tetanus but because we believe it tends to prevent other infections.

My attention was first called to this fact by Dr. Harry Lewis, who noticed that cases receiving the antitetanic serum seldom had any infection of any kind. The patient is carried to the operating room, given a general anaesthetic, preferably nitrous oxide and oxygen. The skin is thoroughly cleansed with benzine, which is far better than soap and water for removing grease and dirt, and which does not prevent the penetration of iodine. The skin is then sterilized with tr. iodine $3\frac{1}{2}$ per cent and the wound filled with it before any operating is done. This is important.

The wound is then opened, if necessary, enough to expose all pockets and cavities. The iodine is sponged out and the wound stained with saturated solution potassium permanganate, which readily combines with all dead tissue and dead organic matter, penetrating pulpified muscle as far as it is deprived of circulation. The whole of this stained tissue is then cut away with the knife and scissors, at least in the more superficial parts. Light curetting may answer for deep pockets in anfractious wounds simply to insure the removal of all foreign matter, as the infection at this early stage is seldom carried into the deeper recesses unless by particles of clothing. The primary filling of the wound with $3\frac{1}{2}$ per cent tr. iodine kills the surface germs and those on the clothing, and prevents infection of the deeper parts during the operation.

In wounds received within a few hours it is probably not necessary to even curette the deep recesses, but they should be thoroughly filled with iodine and later with permanganate; and in every case mashed pulpified tissue should be thoroughly removed and all loose fragments of bone and ends of bone that have protruded through the skin, or been deprived of periosteum should be trimmed off with bone forceps or saw.

After this thorough mechanical and chemical cleansing, the wound is again saturated with tr. iodine, sponged dry and closed without drainage, completely if possible.

Bleeding arteries must, of course, be ligated with fine catgut, and general oozing checked by holding gauze firmly in the wound for two or three minutes. In many cases it is not necessary to ligate any vessels, and where this can be safely avoided it is better not to introduce unnecessary foreign matter. Bleeding can often be perfectly controlled by the silk sutures used in closing, by passing them deeply through skin and muscles so as to obliterate all dead spaces. Stitches must not be tied too tightly. This is very important.

After the wound is closed a permanganate dressing is applied, the patient kept at absolute rest in bed and carefully watched.

In fracture cases the bones are thoroughly immobilized with plaster cast. Never put in fracture boxes or splints that allow motion of the broken ends. This we believe to be of prime importance, for nothing conduces more to inflammation than the grinding of fragments and involuntary muscular movements. A window is cut in the cast and the wound watched.

At the slightest sign of infection a stitch is removed and a grooved director inserted. If any pus is detected a smear and culture are both made, the wound irrigated and drained. In this way the inflammation is often confined to a small portion of the wound while most of it heals *per primam*; particularly if no continuous catgut suture has been used to carry and spread infection. Chromic catgut should never be used, for if it once becomes even slightly contaminated suppuration will continue until it is absorbed or removed; and it may not be absorbed for two months. Should the inflammation not subside in a few days under irrigation, the wound is widely re-opened and treated as we treat cases of intracellular infection. Cases coming to the hospital with intracellular infection are cleansed, iodized, stained with permanganate of potash, trimmed and re-sterilized with iodine, just as described for surface infected or contaminated wounds. But, instead of closing, they are packed loosely with gauze saturated with the antiseptic solution indicated by the infecting germ when this is known.

Otherwise my preference is for a 1 to 400 solution of carbolic acid for the first two or three days and then a 2 per cent potass. permanganate solution. The carbolic solution never does any harm in this strength, or even in a 1 to 200 solution. It is a local anaesthetic of considerable potency. Like the Wright solution, causes a rapid flow of serum from swollen tissues, as is shown by the rapid subsidence of swelling and shrivelling of the skin. It is also rapidly absorbed by the skin and other tissues, and appears in the urine. Even in a 1 to 400 solution I believe it to be a germicide of great value; but whether it is a germicide or not, it is certainly antiseptic, and infected wounds become healthy under its use more quickly than with any other antiseptic I have ever used, and with less pain.

I have tried Dakin's fluid in the same way under exactly similar conditions, and while it gave good results I did not think it was so prompt or so comfortable. It does not penetrate the tissues like carbolic acid. Formerly I used carbolic acid in 1 per cent solution and continued its use sometimes for a week or more, and have never seen any bad effect from it either general or local in thirty years. I have heard of gangrene and carbolic poisoning but have never seen it. I think such results come from using 2 to 5 per cent solutions, or from allowing the dressings to dry, in which case the water evaporates leaving a more and more concen-

trated solution, until finally drops of the pure acid separate and cauterize the skin. Wet dressings of this kind should be ample and should be covered with gutta percha tissue, impervitone, or some thin impervious substance, so that they do not dry out, should be wet at regular intervals to keep them saturated, and changed every day while suppuration is free.

Carbolic acid has a strong second in potassium permanganate, which will also cause suppurating wounds to assume a healthy appearance, though not so promptly, but which is even better for promoting rapid cicatrization when the wound has begun to improve. Therefore we prefer it in 1 per cent or 2 per cent solution after the carbolic has been used for two or three days.

Boric acid in saturated solution I would use when the infection is known to be streptococcic. I have used it with excellent result, in a number of cases. I hope that further investigation along the line of fitting the antiseptic to the germ will yield valuable discoveries.

In addition to the above mentioned local measures and vaccines every seriously wounded person should have as perfect rest, general and local and mental, as possible.

For the prevention of pain, shock and acidosis, there is nothing equal to morphine in pretty large doses for the first twenty-four or forty-eight hours. Quarter grain doses given every three or four hours may be needed, or even more in some cases, and will do more to prevent fatal shock in large crushed or mangled wounds than all other measures combined. Later everything possible should be done to promote the comfort, digestion and secretions.

In conclusion I would say that while the methods now in use in France and England are giving excellent results it does not follow that they are the best methods or that they should be followed in civil practice. And while the Carrel-Dakin method is *one* of the best for the larger more seriously infected wounds, I do not think it is quite so good as a $\frac{1}{4}$ per cent carbolic acid solution, freely used in the old way and with proper precautions, and followed later by potass. permanganate solution.

The capillarity of gauze is so great that no rubber tubes are necessary to carry the solution freely to every part of the wound and distribute it equally into every pocket into which the gauze is introduced. There will also be a continual circulation of this fluid as it is affected by chemotaxis, capillary attraction and alternate partial drying and rewetting.

Dr. C. S. White had watched with great profit Dr. Carr at work and had listened to this paper with interest; but he felt he must take issue with some of the opinions expressed. The subject is a confusing one, the publications dealing with it are numerous, and every paper one reads seems to be the best yet.

At present dichloramine-T¹ seems to have supplanted Dakin's solution, iodine, and hypertonic salt. It is said by many American surgeons to be 60% better than iodine. It seems to be agreed that good surgery demands wide opening of infected wounds with removal of all dead tissue; the fluid to be used afterward is the question so widely discussed. He could not agree with Dr. Carr that carbolic acid is a safe antiseptic; and in view of the enormous amount of experimental work and practical experience with the new chlorine bearing agents he could not agree that their superiority has not been demonstrated.

Dr. E. L. Morgan said that Dr. Carr had made the statement that a saturated solution of boric acid will not kill bacteria but will prevent infection. There must be a chemical reaction which takes place in the tissues of the patient to make this difference in the behavior of boric acid; what is that reaction? The answer to that question is the solution of the whole problem of antiseptic agents.

Dr. I. S. Stone said that a second paper recently presented by Ochsner was much like that mentioned by Dr. Carr. He had heard the paper and had been surprised at the number of men who agreed with the views expressed by Ochsner and at the very few who disagreed. Ochsner is known as a patient, careful investigator with a surgical bias; whether he can establish as facts the suggestions he makes remains to be seen; but when he, and other careful workers, like Edward Martin, are already expressing doubt about the Carrel-Dakin method, we may feel that there is yet time to reach definite conclusions. When Ochsner made his assertion that certain solutions are specific for certain infections, there were none to dispute. Men are apt to be misled in this matter because of the enormous publicity given to the Carrel-Dakin method; the simple, older methods described by Dr. Carr, well known and well tried by experienced surgeons everywhere, had simply not been exploited and were unknown to the general medical public. Of course, clearing of wounds of obvious dirt is no new thing, but a very useful new feature is the removal of devitalized tissue and the constant application of antiseptic solutions.

Dr. P. S. Roy said that it was pretty well known from the time of Hippocrates to the Middle Ages that wounds did best when washed with wine and dressed with it. In the Middle Ages began the use of poultices which set back for centuries the treatment of wounds.

Dr. C. N. Chipman related some experiences with the use of the Dakin fluid; astonishing results were obtained with it in discharging wounds, certainly better results than he had ever seen as a result of the use of ordinary antiseptic solutions.

Dr. D. G. Lewis, like Dr. White, was always glad to hear a

paper by Dr. Carr and always learned something. He was interested in the history of antiseptics. When a student at the University of Virginia he had been taught to sterilize the hands with permanganate solution; since then he had seen and been involved in the giddy whirl of changing antiseptic fashions, only to end up with witnessing the wonderful results obtained by Dr. Carr in the treatment of a compound fracture with permanganate solution and ichthyol. The personal equation which exists between the patient and the infection on the one hand and the patient and the antiseptic solution on the other must always be taken into account. What hurts one will do another good. In some cases sterile water or salt solution will clear up an infection as well as anything else.

Dr. Carr, in closing, said that he had seen a little scratch on the hand prove fatal in eighteen hours; he had opened an enormous abscess with a bistoury and the patient had got well with no other treatment; too explicit generalizations cannot be made in this matter. He believed that vaccines will always do good and will always be used; he cited cases to illustrate this point. As regards carbolic acid, if for thirty years he had been able to rely on it as a useful agent, he proposed to continue to use it no matter who says it is dangerous. Antiseptic solutions may act in four ways: (1) as bactericides; (2) in altering the food medium of the infecting organisms; (3) in changing local reactions, thus reducing bacterial virulence; and (4) in attracting an excess of normal serum into the wound. Different solutions may have to be used to attain these specific objects. There are two distinct objections to the use of Dakin's fluid: (1) the necessity of protecting the skin; and (2) the fact that the disinfecting quality of the fluid is entirely non-penetrating. It is no use to expect that American surgeons will bring us back from the battlefields of Europe the one true method of treating infected wounds; they will observe the methods in use over there and each one will tell us that the method used in his own locality is the real thing. The only thing Dr. Carr wished to emphasize by the paper is that there is absolutely nothing new in the Carrel-Dakin, the Brown-ing, or any other so-called new method. There is no necessity for the Carrel tubes; the same thing can be done with gauze in the old-fashioned way. There is nothing new in the Dakin fluid. The trimming out of dead tissue from wounds is an important feature of treatment; but he had been trimming out wounds for years. He trims out phagedenic chancroids and cuts out old leg ulcers and they get well by primary union.

TWO CASES OF PHLEGMONOUS COLITIS.*

BY J. RUSSELL VERBRYCKE, JR., M. D., F. A. C. P.,

Washington, D. C.

I saw the first patient May 1, 1916, a girl of 17, who had had no illness during her life, except typhoid when 4 years old. She had been constipated and six months previously rectal dilatation had been used by another physician. She claimed that a speculum had pinched the rectum on closing the blades, so that she cried out with pain. Immediately after this she began passing some blood. This condition gradually became worse, and she became acutely ill two weeks before I saw her, passing bloody mucus and loose movements from six to fourteen times a day. Lately each movement was followed by pain in the stomach and vomiting.

Physical examination showed a well-built girl with pale skin, gums and inside of cheeks. Tongue faintly coated white. Pulse, 100, regular, good quality. There was at this time no tenderness or other evidence of abnormality of the abdomen. Examination of the urine showed a trace of albumin and several hyalin casts. The stool was muco-purulent in character. Stomach contents were practically normal. Temperature at this time varied from 99 in the morning to 100.6 at night. Leucocyte count was 27,000, and Widal, negative. Proctoscopic examination showed intense congestion as high up as could be seen, with ulceration and offensive sloughing material. A culture was made which later showed pure culture of staphylococci. Because of her somewhat sullen disposition, the change in the urine and the condition of the digestive tract, it was thought that she might have taken bichloride. Tests of urine and stool, however, were negative for mercury.

She was sent to the hospital, where she ran a septic temperature going to 102 at night, with blood counts varying from 23,000 to 30,000, with high percentage of polymorphonuclears. Her general condition became progressively worse, in spite of local treatment, autogenous vaccine, etc., except that after about ten days the blood and mucus stopped. Vomiting still continued. Proctoscopic examination then showed the ulcers covered with granulation tissue and no fresh ulceration. In spite of apparently improved local conditions, the general symptoms were worse. There also developed a moderate rigidity of the muscles and abdominal tenderness. Dr. White, who saw her with me, agreed that there must be a localized abscess, and operation was decided upon June 4, 1916, the fifteenth day after she first came under my observation.

* Reported to the Medical Society January 16, 1918.

Radiographs by Dr. Merrill at this date showed the very interesting pictures of a thickened colonic wall throughout, with the appearance as of something transparent holding the bismuth column away from the colonic wall. No localized abscess was found, but there was a remarkable general inflammatory condition of the whole colon, extending to the ileo-cecal valve. All of the coats were involved, with thickening of nearly one-half inch, a phlegmonous hardness and blood-red congestion of the peritoneal coats. An appendicostomy was performed. After her return from the operating room there was a profuse discharge of pure pus from the bowel, with the same peculiar sickening smell which is often noted on walking into a colored surgical ward of the hospital. Examination of the pus, which continued to discharge each day, showed pure culture of colon bacilli and proteus, which gave the characteristic odor.

The patient died on the fourth day after the operation, from paralytic ileus. There is no doubt that the whole colon was honey-combed with abscesses between the coats, so that this condition can be more aptly described as phlegmonous colitis than anything else. The only possible source of infection which could be determined was the traumatism caused by the pinch of the speculum. It cannot be stated that this did start the process, but it should serve as a warning that care should be used in instrumentation.

The second important point is that apparent ulcerative colitis, which is not uncommon, is not free from danger, and that the prognosis should be guarded.

The second patient, whom I saw with Dr. Parsons, Aug. 29, 1917, nearly a month after the onset of her illness, was a woman of about 70 years. She had always had some tendency to trouble with her bowels, and had had several attacks similar to the present, but much more mild. Dr. Parsons tells me that a sister, aged 81, and the patient were suddenly seized with abdominal pain, diarrhoea and dysentery, and a mild fever with considerable prostration. The older sister died in a few days. The only etiologic factor that could be found was from a statement of the overseer of the place, that the maids had gotten careless about going to the well for drinking water, and at times took in the house water that collected from the roof of the barn in a receptacle of doubtful cleanness.

From the time of onset to the time I saw the patient, she ran a low typhoid-like temperature, with a fall to normal about ten days before, and a subsequent return of fever. The Widal was negative and leucocyte count 20,000. Vomiting had occurred a few times. The movements were still from six to eight a day. Examination was negative except for a distinct general abdominal rigidity, which occurred in spite of a naturally rather flabby pendulous abdomen. Tenderness was slight and generalized.

Proctoscopic examination was not made until a subsequent examination, some weeks later, when there was still intense congestion of the mucosa, though no ulceration. A great quantity of dirty colored mucus was still present. Her temperature had been normal for some time, and leucocytes 6,800. The abdomen was now soft. A radiographic examination was made at this time, principally to rule out malignancy. The cecum was spastic, and evidence of the colitis still showed.

Although this case was not proven by operation, I believe it to be identical with the first, but of not so severe a character. The whole case ran a protracted course of several months. For some weeks there was evidence of a severe acute infection, as evidenced by the fever, high leucocyte count, and rigid muscles, but gradually the process changed into an ordinary mucous colitis, which has finally been about cured.

These severe infections of the bowel wall are comparatively rare. Proctoscopic examination is very important, as we can see the lower eight inches of the diseased area. It is a very serious condition, although the onset may be quite insidious as in the first case.

Dr. W. P. Carr wished to express for the Society appreciation of these interesting case reports; he felt sure that all present must recognize the importance of this subject and the absence of discussion, of course, was to be accounted for by the extreme rarity of the condition and the consequent lack of experience with it.

CASES OF DEVELOPMENTAL ALEXIA OR CONGENITAL WORD BLINDNESS.*

By G. H. HEITMULLER, A. B., M. D.,
Washington, D. C.

In discussing a case of congenital word blindness with a colleague I was led to believe that this condition might still have the charm of novelty for many, and for this reason and for the suggestion that I have made for the treatment I have sought the opportunity to report these cases.

As a direct consequence of Hinshelwood's article on the varieties of acquired word blindness, Dr. W. Pringle Morgan reported the first case of congenital word blindness, Nov. 7, 1896. Since that time various writers have reported cases, so that T. R. Wipham in the last article on the subject summarized 64 cases in the *London Ophthalmoscope* of 1916. Most of the reporters are ophthalmologists.

*Reported to the Medical Society January 23, 1918.

Developmental alexia or congenital word blindness is a developmental defect of the visual memory center for the graphic symbols of language, and is located in the angular gyrus of the left side of the brain in the right-handed and in the right side for the left-handed. It manifests itself by an inability of the child to learn to read and spell within the time required by children of ordinary mental capacity. In some cases the child is perfectly normal in every other way, and is often very bright, with an exceedingly retentive memory for spoken words, so that it memorizes the contents of an entire reader, and if it gets a clue from the accompanying picture can read the whole page; it makes no difference, however, whether the book be open or shut. If a particular word is pointed out the child comes to grief, for it does not recognize the words at all. In other cases the child is mentally defective in other directions, but usually it has good common sense and recognizes numbers without difficulty.

There are two grades of developmental alexia. This term was introduced by E. Jackson, of Denver, who holds that it is not only caused by a defect of the angular gyrus, but also by defects in the communicating paths to the speech and other centers. The more severe grades of cases are both letter and word blind; the less severe but more common cases are only word blind.

My first case of letter and word blindness was in a very bright boy, who had memorized his reader; he was excellent in all other work, but could not learn to read. He did not know the letter a from b or any other letter. He could copy the written letters and while copying them call them by name after being told, but the next moment he failed to recognize them.

This case was so marked in having this as the only mental defect that, independently of other observers, I determined that it was a case of congenital word blindness, and it was only some years after that I came across any literature on the subject. This pupil was about 10 years old, seemed to realize and understand his defect; he was very patient during the long examination and smiled in an amused and understanding way at his constant mistakes.

The second case of letter and word blindness was Russell P.; he was when first seen about 12 years old; it was thought some defect of vision might account for his inability to read; on examining him it was found that he did not know a single letter although he had been drilled for years. Of course neither of these two cases could spell. Russell P., by very intensive and persistent supervision and drill with the typewriter and the use of the cut-out picture game, learned to read and spell simple matter in about three years.

Learning to read is quite a complicated process; it must be remembered that 52 printed and 52 written characters must be

memorized before written and printed words can be read by the spelling method. This is the first stage in learning to read, the last stage is the acquisition of memory pictures or ideograms of entire words; in this stage we no longer take notice of the separate letters in the word.

The two cases cited above are examples of the severer form of congenital word blindness, in which even the first stage in learning to read was almost impossible. The next two cases are examples of the less severe form of congenital word blindness, in which the word images or ideograms are not stored in the visual memory center.

Clyde C., 14 years old, can see objects and name them and tell their uses; can tell all numbers and do his arithmetic work fairly well. He cannot read or spell, but knows his alphabet. He was asked to write from dictation along with a control of 9 years, the following test sentence which has been used by authors who first described the condition: "Carefully wind the string around the peg." Clyde C. wrote "kifl wint the star rotl the pary." He was asked to spell "rapidly," he wrote "rletd;" for "multiply" he wrote "milgtly;" on second trial he wrote "mingevly;" for "rabbits" he wrote "roblies;" for "straight," "stary;" for "together," "tochst;" for "whose," "hou;" for "thousand," "than;" for "does," "dos."

Asked to read the following: "Trees, trees, trees," he mumbled to himself as he began to undress: "I'm so sick of hearing——." He read "There;" when told it was "trees," he read "trees, trees, trees, he," and after two minutes stop over, mumbled; it was passed, and the next word "to" read correctly, only to be again halted by "himself;" with the aid of suggestions of his teacher he figured himself out. The next word, "as," was read correctly; the next word, "he," was first called "his." Being told that was incorrect, he called it "trees;" the next word, "began," was called "been;" "to" was given correctly; after a minute and a half he called "undress," "under." "I'm" was called "in;" "so" was "to;" "sick" was "said;" "of" was given correctly; "hearing" was passed after more than a minute's effort during which his lips were in constant motion. The 9 year old control read the extract correctly without the slightest hesitation.

The second case is Charles C., 10 years old, in the low 3d grade. Charles C. wrote for the test sentence: "Calfie win the sreal a rind the paeng." In the spelling test he wrote "rpleatea" for "rapidly;" "numbeas" for "multiply;" "rpeas" for "rabbits;" "saput" for "straight;" "to cather" for "together;" "weous" for "whose;" "cnoun" for "coming;" "thout" for "thought;" "thorlen" for "thousand;" "does" was spelled cor-

rectly. It should be stated that both of these cases were able to spell the common one-syllable words like dog, cat and the like.

Asked to read the following: "But Ben Franklin thought of ways to make the work easier," he read, "But pen." Being halted by Franklin, he made a new start, but this time it was "By pin," only to be halted again by Franklin; he was told to skip the word, but only to be held up at the next word; he was told to skip that also; the next word "of" he read correctly, but "ways" read "makes;" "to" offered no difficulty; "make" was too much for him; the next word "the" was given correctly; "work" was "wick" and "easier" was called "jizy." The congenitally word blind always in reading, spell out each word to themselves, and one can always see the motion of the lips during their efforts at reading.

The treatment, of course, is directed to educating the opposite side of the brain; the pupil is instructed to take a very few words, have some one tell him what they are, then he writes the word, calling each letter while writing it, thus having added the help of the glosso-kinaesthetic sense to fix the spelling in his memory center. The suggestion that I am now testing is to have the right-handed child write with his left hand and the left-handed child with his right hand.

The prognosis is fairly good, as with perseverance and time these cases gradually learn to read.

These pupils should be separated into classes and special methods used to teach them to read. For the letter blind, the cut out words and pictures are very useful, together with the typewriter-spelling method, and also the constant sounding, while writing the letters in learning to spell.

The investigation ordered by the London County Council showed that these cases occur about one in 2,000, and that they are three times as common among boys as among girls. A strong hereditary tendency has been shown; in one family there were four cases, while in another family there were six cases in three generations, and they seemed to be transmitted by the mothers, who were themselves not congenitally word-blind.

The acquired form of word blindness as seen in aphasia bears no resemblance to congenital word blindness. The acquired alexia seen in senile dementia bears in its manifestations a very marked resemblance to congenital word blindness, with, of course, the exception that it does not improve, but grows progressively worse.

Dr. J. A. Murphy said that Dr. Heitmuller was to be congratulated upon bringing to our attention this important subject; the condition is one rather commonly met with in the public schools. These children are not properly classified as mentally deficient; but the only remedy available has been to send them to

atypical schools which attaches a stigma to them unfortunately,—a stigma entirely unjust.

Dr. J. A. Lind found much of interest in this subject. The condition was at one time thought to be very rare; present knowledge recognizes that the condition may be met with frequently, and instances will be found in yet greater numbers when it is more widely brought to the attention of those dealing with children. These children are often very bright in other departments of school work; teachers will often say that they are the best in the class as long as the work is limited to oral work. The acquired form is seen at times in senile dementia and often in aphasics; but it exists as a separate disease at times. He cited a case in the literature: the exciting lesion was found in the left angular gyrus. The prognosis in the congenital form will depend upon the child's general make up; if there is much collateral developmental defect there will be so much less chance of overcoming the alexia by substitution methods.

Dr. H. C. Macatee said that one who examines school children will often be surprised when confronted by this condition. A child may be referred for examination as probably atypical; the examination brings such satisfactory response to the general tests for intelligence that the examiner begins to wonder why the question was raised; then the child is asked to read or write and completely fails. It is often rather uncanny to discover such a handicap in these smiling, wholesome, intelligent looking children. Dr. Murphy had spoken of the unjust stigma which these children have to bear when they are sent to atypical schools; the trouble is that the atypical schools have become care-taking establishments for a lot of feeble-minded children who ought to be excluded from the public schools altogether. This is not done at present because there is no institution in the District of Columbia for the care of these hopelessly defective children. When the atypical schools are cleared of this class of cases and reserved exclusively for the children retarded by minor defects the element of stigma will disappear. The Medical Society could render a large service to the community by backing with all its weight the efforts now being made to secure the provisions of a home for the feeble-minded for this District.

Dr. P. S. Roy first heard of alexia when Dr. Busey was president of the Society and Dr. Burnett reported a case of that defect here; he did not remember whether Burnett's case was congenital or not. He remembered very well that he had never heard the word alexia before that occasion.

Dr. Isabel Haslup-Lamb inquired if the Board of Education had not recently sought to secure special teachers for this type of children.

Dr. Heitmuller, in closing, hoped that someone would men-

tion the analogous condition of congenital word deafness; these individuals can hear musical sounds but not spoken articulate sounds. He urged that the Society use its influence to back the efforts of those who are seeking to secure legislation providing a home and school for the feeble-minded here as had been suggested by Dr. Macatee.

CHRONIC CYSTITIS IN WOMEN—ABSTRACT.*

By I. S. STONE, M. D., F. A. C. S.,

Washington, D. C.

The minor conditions from which we often turn to those of greater importance are, nevertheless, sources of infinite distress to many. The purpose of this paper is to point the way to a better understanding of a common ailment among women, and to outline a simple method of diagnosis and treatment which may not seem beyond the reach or resources of the general practitioner.

This disease occurs most frequently in women of middle age. They complain of irritable bladder and, as a rule, can give no rational cause for their suffering.

TYPICAL CASES.—*Case 1.*—Mrs. B., aged 50, until recently has always had good health. She is the mother of two children and has no displacement or lacerations resulting from childbirth. During the past three months she has had increasing irritation of her bladder, which causes a desire to urinate frequently, especially when she is obliged to stand or walk for a considerable length of time. She has used wine for many years, but not to excess, although she is fond of good dinners late at night, and thinks acid fruits and vegetables are not specially injurious. She has never noticed a sediment in her urine when first voided, but admits that she nearly always used the closet instead of the chamber, and hence cannot describe its appearance. She has pain at the close of the act of micturition, and says she feels a pressure of some kind upon the bladder.

Bimanual examination revealed nothing save slight tenderness at base of bladder and a desire to urinate. The urine contained no albumen nor casts, but it had a few pus cells and numerous flat, epithelial cells, in centrifuged specimen. Capacity of bladder, ten ounces. Cystoscopic examination showed excessive redness of trigone. She was entirely relieved by treatment.

Case 2.—Mrs. D., married, aged 40, no children. Never had a severe illness and there was no abdominal or pelvic disease

* Read before the Medical Society Nov. 28, 1917. Published in full in "American Medicine" for January, 1918.

which appeared to influence her urinary organs. Her urine deposited a considerable sediment upon standing a few hours. She complained of frequency of urination both during the day and night. Could only retain about four ounces of urine, when great discomfort would necessitate micturition. This lady had always lived a careful, quiet life, and was unable to suggest any cause for her discomfort. Bimanual palpation revealed a sensitive bladder with evident contraction and greater than normal thickness of its walls. Its capacity was six ounces, when further distention became unbearable. The urine was nearly neutral in reaction (sp. gr. 1018). It contained no casts, but albumen was present, due to presence of pus. There were no bacteria visible in unstained specimen. Treatment by irrigation for some days improved the condition of the patient and then a cystoscopic inspection showed a decided cystitis over the posterior and basal surfaces of the bladder. The apex was normal in appearance. Local treatment of the bladder entirely relieved the symptoms in this case, and the patient has remained well for at least three years. This patient was under observation and treatment for at least one year.

Etiology.—Infection may enter from urethra or ureter—direct infection. It may be hematogenic or lymphatic, or of indirect origin.

The bacteria found are the same as commonly seen in other pelvic infections. Other causes are: first, the influence of trauma, as after surgical operations, such as hysterectomy or operations for cystocele, etc.; second, the use of the catheter for any form of retention of urine.

Contributing causes.—Overdistension of the bladder; excessive use of wines or spirits; acid fruits and vegetables; intestinal stasis; uterine displacements, such as prolapse, which interfere with the function of the bladder.

A cystoscopic examination with the Kelly instrument will always clear up the diagnosis, although it may not at first indicate the cause or the possible presence of complications. It is easy enough to note the red and even granular appearance of the mucosa in the common form of chronic cystitis, which is usually accentuated about the trigone or over the base of the bladder. Cases of the disease where the whole bladder, including the apex, is involved are not frequently seen.

Bimanual examination of the bladder will disclose the results of prolonged disease, namely, thickened walls, and would also disclose the presence of any foreign body, such as a stone. In the large number of cases, the surface redness will prove to be the principal change from the normal. Incrustation and ulceration are seen only in very delayed and neglected cases.

Relative Frequency of Chronic Cystitis.—In the writer's ex-

perience, chronic cystitis is much more frequently seen than any other form of bladder disease. The proportion would be nearly as shown below:

Chronic cystitis, 25; acute cystitis, 1; pyelitis with cystitis, 1; renal tuberculosis with chronic cystitis, 1; ulcer or incrustation of some portion of mucosa, 1 (rarely seen); diverticula and other rare conditions, not seen.

Although Skene's glands are frequently the seat of gonorrheal infection, it is extremely seldom that the infection has extended into the bladder.

Associated Conditions Resembling Chronic Cystitis.—The one most frequently seen is vulvar neuritis. This local disease may be manifested as only a hyperaesthesia, or it may prove a real neuritis, causing much pain in sitting or in urinating, and it is often seen when a urethral caruncle is present in the meatus.

Irritations around the clitoris will occasionally cause much distress, and the atrophic changes occurring at or after the menopause either aggravate or else are mistaken for disease of the bladder itself. Finally, we must consider certain neuroses which closely resemble cystitis of the acute variety. An intensely nervous patient, seen in consultation, has been treated for acute cystitis by her physician for some weeks. The examination of her urine showed very little, if any, pus in the specimen. Intense pain, and almost constant desire to urinate, indicated either an overdistended bladder or else a constant bladder spasm. The catheter was used and no urine was found therein. The careful but thorough dilatation of the urethra gave immediate relief, the patient slept without morphia for the first time for two weeks, and promptly recovered. No cystoscope examination was made to ascertain the condition of the bladder, and it is possible that a limited chronic cystitis was present.

Tuberculosis of the kidney must always be suspected in cases of delayed recovery. The presence of pus in small amount, with acid urine, indicates either tubercular or colon bacillus infection of the urinary tract.

Medication.—The urine may be kept neutral in reaction by the free administration of fluids, but there can be no benefit derived from the use of the so-called urinary antiseptics. In fact, hexamethylenamine (urotropin) frequently causes symptoms of irritable bladder closely resembling cystitis.

Bladder Irrigation.—As a result of persistent irritation, the bladder becomes contracted. With the Kelly cystoscope one may readily see the corrugations or duplications of the mucosa in these cases. It is necessary to dilate the bladder and unfold its mucosa in order to reach every part of the surface. This cannot be accomplished by either internal medication or by simple irrigation without pressure. The capacity of the bladder is a guide to

the extent of contraction and the need of gradual dilatation. Tri-weekly graded distension of the bladder with hot 2 p. c. boracic acid solution has always proved satisfactory. If the case is one of long standing and the capacity is, say, four ounces, it is better to proceed slowly by adding an ounce at each sitting until 14 or 16 ounces can be introduced without causing pain. After the irrigant has been drawn away a solution of protargol (2 p. c., temp., 100-105°) is thrown into the bladder, and the patient usually retains this until she has reached her home after the office visit. Two ounces of this solution are quite sufficient for every purpose, and if the patient is extremely sensitive, a weaker solution (1 p. c.) may be used for a few sittings.

Trigonitis is sometimes rebellious to treatment, and we may then use a 5 or even a 10 p. c. solution of silver nitrate, applied directly through the endoscopic (Kelly) cystoscope and forceps, with absorbent cotton pledget.

Finally, the writer has found much satisfaction in using this simple method of treatment, and it is always a pleasure to note the rapid improvement as the treatment is applied. The patient holds her urine for a longer time, the capacity of the bladder increases at each sitting, and the cystoscope shows diminished redness of the mucosa.

Dr. W. P. Carr felt that all had enjoyed the paper and all could learn much from it. He agreed with everything Dr. Stone had said except one thing, namely, his statement that urinary antiseptics administered by mouth are without value. These agents are of distinct value, especially in acute cases. We know that the urine can be rendered not only aseptic, but antiseptic, by the oral administration of such drugs as carbolic acid, santal oil, etc. The urine of a patient who has been given two or three drops of carbolic acid three times a day will stand for days without decomposing. This being so, these drugs must be worth while in the treatment of cystitis. His own preference was for santal oil. Chronic cystitis is often the *bête noir* of the physician, and these cases are frequently given up as hopeless; it is valuable to know that much can be done for these patients, and the simple methods described by Dr. Stone are very well worth knowing. Dr. Carr urged the value of ichthyol in the treatment of the inflamed trigone.

Dr. B. M. Randolph said that, from the point of view of the general practitioner, Dr. Stone had not sufficiently emphasized the relation of local intestinal stasis to the etiology of cystitis in elderly women. Dr. Randolph had never seen one of these cases except in patients subject to constipation. When the anatomical relations of the rectum and bladder and the migratory ability of microorganisms are kept in view, much may be expected from the local treatment of the rectum.

Dr. Stone was glad to observe Dr. Carr so faithfully defending his favorite remedy, ichthyol; one easily gets attached to a particular remedy, and so he himself had come to rely on protargol; he had come to understand what it will do and how to use it. His primary object in reading the paper was to emphasize the fact that this troublesome condition can be cured by appropriate means, and that these means may be satisfactorily employed by the patients' own physicians.

In Memoriam

DR. DWIGHT GORDON SMITH.

Dwight Gordon Smith was born August 26, 1873, in St. Louis, Mo.; son of the late Judge Irwin Z. Smith and Isabella Pallen Smith, of this city. Died July 31, 1917, after a lingering illness, at the Emergency Hospital, Washington, D. C.

He was educated at Georgetown University Preparatory School, later at Phillips Academy, Andover, Mass., and graduated from Williams College, where he received the degree of A.B. in 1896. Subsequently he studied medicine at George Washington University, graduating in 1903. Following this graduation he was an intern at Children's Hospital and later Resident Physician, in which capacity he served for two years. He entered private practice, and in 1905 was elected a member of this Society, and at once became active, serving on the Committee on Library 1906-8. He was also a member of the Hippocrates Society, and its President in 1909. Also a member of the American Medical Association and the Emergency Hospital Club.

Dr. Smith's untiring efforts and early training peculiarly adapted him for pedagogics, which was early recognized by his *alma mater*, and he was appointed Clinical Instructor in Medicine. His contributions to medical literature are monographs on Exophthalmic Goiter, published in 1906, in the *George Washington University Bulletin*, vol. v; Hay Fever, published in *WASHINGTON MEDICAL ANNALS*, 1914, vol. xiii; and Scarlet Fever and Nephritis in Childhood, unpublished; a case record of Anaphylaxis following administration of tetanus antitoxin, 1905, *WASHINGTON MEDICAL ANNALS*, vol. xiv. His hospital affiliations comprised that of an Associate on the Medical Staff of Emergency Hospital and on the Surgical Clinic Out-patient Department of Children's Hospital. It was during his service at Children's Hospital that he operated on a child, resulting in an infection, from which he never fully regained his health, necessitated his relinquishing his private practice in 1915, and caused confinement to bed at Emergency Hospital for eleven months prior to his death.

Dr. Smith was a linguist of note, speaking modern Latin and Greek. French, German, Spanish and Italian interested him. In the social life he was a Greek letter man, *delta upsilon* of Williams, and a member of the University Club, serving the latter as Assistant Treasurer in 1907, Librarian in 1908-9, and on the Board of Governors. In 1909 he married Miss Emily Reid, of this city, who survives him.

In the death of Dr. Smith this Society loses one of its active young members, a man whom we held in high esteem, as was shown by the constant and tender attention given him by a host of his fellow-workers during his last illness.

Resolved, That this Society keenly feels the great loss, and extends its tender sympathy to his widow in her great bereavement.

Resolved; That these resolutions be entered upon the minutes of this Society and a copy be sent to his family.

COMMITTEE ON NECROLOGY.

Adopted by the Society November 14, 1917.

REPORT OF DR. G. WYTHE COOK, DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION.

TO THE MEMBERS OF THE MEDICAL SOCIETY
OF THE DISTRICT OF COLUMBIA:

In conformity with the requirement of the Constitution of the Society, I, as your delegate, attended the sixty-eighth annual session of the American Medical Association which was held in New York City, June 4-7, 1917, and submit the following report:

The House of Delegates assembled Monday morning, June 4, at 10 o'clock, in Hosack Hall, Academy of Medicine Building, and, subject to the new order of things, as noted in my former report, proceeded to business under the direction of the chairman, Dr. Hubert Work, of Pueblo, Colo.

President Rupert Blue, M. D., delivered an address, as did the chairman, Hubert Work, M. D.

Your delegate was appointed chairman of the Reference Committee on Rules and Order of Business.

The various officers made their respective reports.

In these strenuous times through which the country is passing, and owing to the high cost of paper and other publishing supplies, and the increasing number of papers read before the sections, the Board of Trustees, in the interest of prudent economy, passed the following resolution: "That all the papers read at the annual session be treated as volunteer papers, and that the same be published in full in *The Journal*, or rejected, or published in abstract, as may seem best," which action was approved by the House of Delegates.

The House of Delegates was quite radical as to the use of alcohol either as a beverage or as a therapeutic agent, as is shown by their having adopted the following preambles and resolutions:

"WHEREAS, We believe that the use of alcohol as a beverage is detrimental to the human economy, and

"WHEREAS, Its use, in therapeutics, as a tonic or a stimulant or as a food, has no scientific basis, therefore be it

"*Resolved*, That the American Medical Association opposes the use of alcohol as a beverage, and be it further

"*Resolved*, That the use of alcohol as a therapeutic agent should be discouraged."

Public Health and Preventive Medicine are especially interesting at this time—our country being in a state of war—when so many of our boys have gone with the Army and Navy. The House of Delegates manifested its interest by adopting among others, the following preambles and resolutions:

"WHEREAS, Venereal infections are among the most serious and disabling diseases to which the soldier and sailor are liable; and

"WHEREAS, They constitute a grave menace to the civil population; and

"WHEREAS, The Congress of the United States has authorized the President and has empowered and directed the Secretary of War to control prostitution and alcohol within effective zones surrounding all military places; and

"WHEREAS, The Council of National Defense has adopted resolutions outlining a general policy for the combating of venereal diseases; and

"WHEREAS, A grave responsibility rests on the civil population, and particularly the medical profession, for participation in making effective these and other measures for the eradication of venereal diseases; therefore, be it

"*Resolved*, That the American Medical Association endorses the action of Congress and the Council of National Defense and commends the following as the basis of a program of civil activities:

"1. That sexual continence is compatible with health and is the best prevention of venereal infections.

"2. That steps be taken toward the prevention of venereal infections through the prevention of prostitution, and by the provision of suitable recreational facilities, the control of alcoholic drinks, and other effective constructive measures.

"3. That plans be adopted for centralized control of venereal infections through special divisions of the proper health and medical services.

"4. That the hospitals and dispensaries be encouraged to increase their facilities for early treatment and follow-up service for venereal diseases as a measure of national efficiency.

"5. That the members of the medical profession be urged to make every effort to promote public opinion in support of measures instituted in accordance with these principles of action in the control of venereal diseases."

Dr. Arthur Dean Bevan, of Chicago, who as a member of the Council on Medical Education, has been intimately identified with improvement in medical education, was elected President, and Chicago was selected as the place of meeting in 1918.

Respectfully submitted,

G. WYTHE COOK,
Delegate.

November 7, 1917.

REPORT OF CENTENNIAL COMMITTEE.

WASHINGTON, D. C., *January 23, 1918.*

TO THE MEDICAL SOCIETY
OF THE DISTRICT OF COLUMBIA:

In the report of the Centennial Committee submitted to the Society on October 31, 1917, a partial financial statement was presented, a final statement not being possible until the cost of printing the proceedings of the celebration was known. These proceedings have now been published, as the January number of the WASHINGTON MEDICAL ANNALS, at a cost of \$260.90. A final financial statement can now be presented, as follows:

Expenditures previously reported.....	\$1,106.90
Cost of printing proceedings.....	260.90

Total expenditures for the celebration.....	\$1,367.80
Amount received from sale of banquet tickets.....	915.00

Balance paid from special assessment of \$3.00

on the members.....	\$452.80
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This sum of \$452.80 divided among 565 members would represent a charge on each of \$0.80.

In accordance with the agreement under which the special assessment was imposed, it is recommended that the Society adopt the following order:

"That the special assessment of \$3.00 levied on each member of the Society for the expenses of the centennial celebration be reduced to \$0.80; that each member who has paid the \$3.00 assessment be credited with \$2.20 on his or her dues for 1918; and that the balance of the money realized from this assessment be turned in to the general fund of the Society."

This would make the indebtedness for the current year of each member* who has paid the \$3.00 assessment amount to \$2.80; and of each member who has not paid the assessment \$5.80.

It is also recommended that notification of this action be sent to all the members with the next weekly meeting notice.

JOHN B. NICHOLS,
Chairman Centennial Committee.

RECOMMENDATIONS OF COMMITTEE ON ATTENDANCE, NOVEMBER 21, 1917.

The Committee on Attendance respectfully submits: That while it is desirable to please every member of the Society, the reasons stated for lack of attendance and interest are so numerous and diverse that to do so would disrupt the Society and create many one-man societies. Members are urged to lay aside minor objections and give their hearty coöperation to the majority for the welfare and upbuilding of the Society; the present plan of a short business meeting followed by case reports, pathological specimens and the paper of the evening should be adhered to for the present, but that the time allowed for each should be strictly enforced and a limit put on discussion; that meetings should be called promptly at 8 o'clock and the paper of the evening should be called at the appointed time without fail.

The following recommendations are made by the committee:

1. Push the project, now well under way, for a suitable home, to a successful issue as soon as possible.

2. The promotion of good fellowship by smokers and buffet suppers, making the evening of the President's address one of such occasions, all to be paid out of the treasury of the Society; that when smokers are to be held some distinguished man from out of town be invited to read the paper of the evening.

3. That a definite provision be made in advance for opening the discussion of papers, the responsibility for same resting upon the essayist; that scientific symposia be encouraged and arrangements for three each year be made; that presentation of subjects with case reports be encouraged; that the coroner's office be invited to present interesting pathological specimens; that transportation of the subjects of case reports be provided, without expense to the Society.

4. Believing as we do that the chief reason why our parent Medical Society is not in a more flourishing condition and that the attendance is not larger, is because of the existence of the large number of small medical societies, we recommend that all subsidiary societies not in a flourishing condition disband, that the members may devote their time and efforts to this Society; that those societies which are flourishing consider a plan to reorganize as sections of the parent body.

5. For the purpose of stimulating interest in the Society, we

recommend that the membership of the Committee on Tuberculosis and Committee on Contagious Diseases be increased to fifteen (15), and that a Committee on Sanitation and Hygiene, and one on Schools, each composed of fifteen (15) members, be appointed. That these committees be required to make a careful study and investigation of their respective subjects as relates to the District of Columbia and report to the Society once a year; that these committees be composed largely of the younger men.

We believe the impression young men of the Society may have that they are not given a proper chance to be a false impression. They are urged to take a more active part in the proceedings without fear of criticism. Their opinions and coöperation are desired.

6. That a Press Committee be appointed to submit to the press such recommendation and action as the Society may take on public questions only.

7. That the Committee on Attendance be continued.

ANNUAL REPORT OF THE TREASURER OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA FOR 1917.

*Summary of Receipts and Expenditures from January 1 to
December 31, 1917.*

EXPENDITURES.

1—Stipend, Recording Secretary.....	\$300.00
2—Expenses, Recording Secretary.....	13.05
3—Stipend, Corresponding Secretary.....	200.00
4—Expenses, Corresponding Secretary.....	579.60
5—Stipend, Treasurer	200.00
6—Expenses, Treasurer	40.50
7—Honorarium, Treasurer	100.00
8—Publishing MEDICAL ANNALS.....	859.67
9—Expenses, Editor, MEDICAL ANNALS.....	63.65
10—Honorarium Editor, MEDICAL ANNALS, 1913....	200.00
11—Rent of Hall and Lantern.....	187.00
12—Expenses, Centennial Celebration.....	219.33
13—First payment from Building Fund.....	4,000.00
14—Expenses of Building Committee.....	20.17
15—Miscellaneous	311.70
16—Balance carried forward.....	3,156.36
Total	\$10,451.03

RECEIPTS.

1—Cash balance on hand per Cash Book January 1, 1917		\$530.93
2—Entrance Fees for 1917.....		100.00
3—Assessments—		
for 1912	\$4.00	
1913	4.00	
1914	4.00	
1915	188.00	
1916	675.00	
1917	1,835.00	
1918	20.00	
1919	5.00	
	<hr/>	2,735.00
4—Associate Members		78.00
5—History of Medical Society.....		3.00
6—MEDICAL ANNALS, Subscriptions.....		3.00
7—MEDICAL ANNALS, Advertising.....		90.25
8—Interest on Deposits for 1917.....		17.54
9—Unexpended Balance returned by Mr. Burton, from first payment on Lot.....		17.94
10—Money refunded for Preparedness Flags by M. G. Copeland.....		5.04
11—Balance for 1916 Dues, Dr. Heiberger.....		1.00
12—Received for Building Fund, including December 27		5,793.33
13—Centennial Assessment Fund.....		1,074.00
14—Excess in check of Dr. E. A. Taylor.....		2.00
		<hr/>
		\$10,451.33

Statement of Assets and Liabilities of the Medical Society of District of Columbia to December 31, 1917.

ASSETS.

1—Cash on hand December 31, 1917.....		\$3,237.72
2—Real Estate owned.....		15,000.00
3—Furniture—		
Iron Safe [estimated].....	\$65.00	
Book Cases [estimated].....	25.00	
Black Board [estimated].....	1.50	
View Box [estimated].....	25.00	
4—Unpaid Dues—	<hr/>	116.50
for 1916 and 1917.....	\$350.00	350.00
1917	590.00	590.00
Centennial [158]	474.00	474.00
1917, Building Fund.....	1,150.00	1,150.00
5—History of Medical Society, vols.....	405	405.00
6—Associate Members not paid.....	4	8.00
		<hr/>
		\$21,331.22

LIABILITIES.

1—Bank Balance in excess December 31, 1917.....	\$81.36
2—Balance due on Deed of Trust.....	11,000.00
3—Balance due Members of Medical Society.....	10,249.86
	<hr/>
	\$21,331.22
1—Total Collections for 1917.....	\$9,902.16
2—Dropped—Non-payment Dues	6
3—Resigned	4
4—Died	9
5—Present Membership	557 + 39 = 596

In presenting his report, Dr. Franzoni said: The centennial year of the Medical Society of the District of Columbia will continue a pleasant memory to all who participated in its celebration. The activities connected with this great event have enlisted the interest of nearly all of its members, and many have given an earnest support to the new venture upon which we are entering.

While the project for providing a home has been criticized because of the world war which is occupying the attention of mankind, it is practicable, as is being demonstrated by the contributions which are being received and which are promised for the future. The interest is not confined to the few who are blessed with generous incomes, but enlists those who feel the tax imposed and see the importance of providing for the future of our dear old Society. The history of the Society shows that we have been shifting our meeting places for so many years that we are worse off at this time than at any time in the past.

I may not be with you when you enter to enjoy your new home, but I have my enthusiasm aroused by those actively engaged in the work at present. A few days ago I was standing before a group photograph of the members of this Society collected in the year 1898, and of the central group of fifteen members there were only two living, Dr. Joseph Taber Johnson and the present incumbent of the Treasurer's office.* With this knowledge I am satisfied that it may not be many months before this central group will be a memory only.

With the increasing membership of the Society the duties of Treasurer are no longer a sinecure, as in some of the days of the past. Forty-five years have seen many changes. Men who were as active as those who are now contributing to the welfare of the Society have passed from us forever, but many of their papers are in the archives and would be more frequently consulted if we were in a home where access could be had to them.

*The central portrait of this large grouping of the members of the Society in 1898 who furnished their photographs for the purpose, is that of Dr. S. C. Busey, whose work for the Society seemed to entitle him to this prominence. Immediately around him a group of eight, all of whom are dead. Next is a group of 16, of whom Drs. Taber Johnson, Franzoni and D. S. Lamb are still living. Next is a group of 32, and so on, more or less of whom are still alive.

The three generations which have contributed to our membership in the past century have all passed to their reward in the Great Beyond, but their successors are leaving a record which is demonstrating that they are worthily advancing the cause which so nobly occupied their minds when they were in our midst.

I may be pardoned, perhaps, for referring to my long incumbency in the responsible and important position in which your votes have annually placed me, and it is with a feeling of pride that my thanks are returned to each individual member for his continued confidence, as well as for the uniform courtesy with which each member has always treated me, it being on very rare occasions when their memory failed to tally with recorded facts.

My earliest recollections of any incident connected with the Medical Society occurred in my early boyhood, when I stood on the sidewalk and saw the funeral cortege of the lamented Dr. Sewall, who was an early worker in our ranks, and the members showed their deep respect for his memory by attending in a body, and, as was the custom in those early days, a long line of doctors' buggies followed the slow march to the cemetery. This old time-honored custom is now more honored in the breach than in the observance.

If I could disabuse my mind of the thought that this is not the last annual report as Treasurer which I may be permitted to submit I might, perhaps, indulge in further reminiscence, but some one of the annual reports will soon be my valedictory.

Whenever it shall please the Great Physician to call me from the ranks of active membership to that greater membership of those who have gone before, I trust that the Society will feel that I have done what I could to make its record worthy of the cause in which we are engaged. If I am spared to make another annual report, I trust that it may record the near fulfilment of our efforts for a permanent home for our beloved Society.

C. W. FRANZONI, M. D.,
Treasurer.

PROCEEDINGS OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Wednesday, November 7, 1917.—The President, Dr. G. Wythe Cook, presided; about 70 members present.

The Treasurer presented his report for October, showing, Receipts, \$1,399.00; Disbursed, \$338.09.

The Recording Secretary reported the following applications for membership:

For active membership:

Francis Vernon Atkinson, George Washington University, 1915.
Carroll Edward Bingman, George Washington University, 1915.
Francis Sherman Echols, Medical School of Maine (Bowdoin), 1915.

William Tignor Gill, Jr., George Washington University, 1917.
James Bradley Grier, University of Pennsylvania, 1894.
Evelyn Groesbeeck Mitchell, Howard University, 1913.

For associate membership:

Josiah B. Henneberger, 1st Lieut., M. C., U. S. Army.
Edward J. Kempf, Government Hospital for Insane.
James Widgery Marshall, Ashburn, Va.

Dr. G. Wythe Cook, Delegate to the House of Delegates, American Medical Association, presented a report of his attendance at the 1917 session. A resolution was adopted accepting the report and extending the thanks of the Society to the Delegate for his diligence. See page 134.

Dr. Frank Leech, Chairman of the Executive Committee, reported

(1) A proposed change in the Constitution, and recommended its adoption at the next stated meeting:

Amend Article V, Section 13, by adding: "Upon written request, non-resident active members in good standing may become associate members by a two-thirds vote of the Society at any meeting."

(2) The Society having authorized an effort to secure legislation to provide a charter, Dr. Cook has secured the introduction of identical bills of incorporation in both Houses of Congress. Dr. Leech read the language of the bill and reported that there was reason to hope for the early passage of the act.

(3) On the basis of a request from a special committee of the American Medical Association for coöperation in the organization of medical appeal boards for work in connection with local boards in the operation of the Selective Service Act, the committee recommended that the Society indicate its willingness to coöperate in the manner requested, and that the Recording Secretary be authorized to represent the Society at a projected meeting of State secretaries to discuss the matter. Adopted.

The following were elected to active membership:

Rudolph Bloom, George Washington University, 1914.

James Spencer Hough, Georgetown University, 1893.

Dr. Roy reported that the Committee of Censors had taken up with the Medical Society of Virginia the question of granting associate membership in that organization to our members in view of the privilege extended to physicians of Virginia by this Society. As a result of this effort the Virginia society at its last meeting had so amended the Constitution that our members may become associate members.

The following resolution, proposed by Dr. Barton, was referred to the Executive Committee:

"It is the sense of the Medical Society of the District of Columbia that members who are requested by the Post Office Department to give expert testimony in cases where it is desired by the Government to deny to quack medicines the use of the mails should be compensated for their services."

Dr. W. T. Davis presented a patient with Tuberculosis of the Conjunctiva to demonstrate the effect of treatment; this patient had been presented with a report of the case some months ago. Discussed by Drs. Randolph and Davis.

Dr. W. B. Carr reported a case of Rupture of the Liver, with recovery after operation. Discussed by Drs. Nichols, I. S. Stone, W. P. Carr, Gannon, Wolfe, Rogers, Jack and Carr.

Dr. P. S. Roy reported a case of Chylous Ascites due to obstruction of the thoracic duct. Discussed by Drs. W. P. Carr and Roy.

Dr. W. J. Mallory reported a case of Abdominal Symptoms due to referred pains. Discussed by Drs. Abbe, Verbrycke, Wolfe and Mallory. Dr. Abbe exhibited x-ray plates of this case. See page 99.

Wednesday, November 14.—President Cook presided; about 85 members present.

The Corresponding Secretary, Dr. Thompson, and Dr. C. W. Richardson invited attention to the moving picture demonstration of medical interest from the war zone, to be given by Mr. Holley, of the Bureau of Commercial Economics, Department of Public Instruction, at the National Museum on Thursday evening, November 15. The Chair expressed the thanks of the Society to Dr. Thompson and Dr. Richardson for arranging for this presentation.

Dr. R. C. Ruedy, for the Committee on Necrology, presented a report with resolutions of respect to the memory of Dr. Dwight Gordon Smith. Report accepted and resolutions adopted.

Letters were read from Commissioner Louis Brownlow, Dr. H. E. Dearholt and Dr. E. B. Cooley, acknowledging the thanks of the Society for their participation in the centennial exercises. A card of congratulations from Sir William Osler was also read.

The Chair announced the receipt of three volumes of Reports of the Department of Health of Pennsylvania and placed them in the care of the Recording Secretary.

Dr. E. Y. Davidson, Chairman of the Building Committee, reported that the committee had considered a number of properties with a view to purchase as a building site and had fixed upon a lot on the south side of M Street N. W., between 17th and 18th Streets, as the most desirable for the purposes of the Society and had directed him to recommend that the Society (1) authorize the purchase of the site for the Medical Society Building,

(2) elect three trustees to hold title to the property for the Society, and (3) for the purpose of purchasing the property, direct the Treasurer of the Society to honor the order of the three trustees for any moneys which are now or may be in the hands of the Treasurer to the credit of the Building Fund of the Society. So ordered.

The chairman and vice chairman of the Building Committee, and the chairman of the Subcommittee on Site, viz: Drs. E. Y. Davidson, Charles W. Richardson and P. S. Roy, were elected trustees.

Dr. D. S. Lamb presented specimens from the war zone which had been received at the Army Medical Museum. The specimens consisted of steel helmets perforated by projectiles, French rifle bullets, various types of gas masks, etc.

Dr. C. A. Pfender reported the following cases: (1) Metastatic bone carcinoma following primary adenocarcinoma of the left breast. (2) Mediastinal tumor with metastases in the thyroid. Illustrated by roentgenograms. Discussed by Drs. S. R. Karpeles and Pfender. See page 92.

Wednesday, November 21.—President Cook presided; about 90 members present.

Dr. D. S. Lamb, for the Committee on Publication, announced the issue of the November number of the ANNALS, and asked for an appropriation of \$132.51 to defray the expense of publication. So ordered.

The Treasurer reported receipt of subscriptions to the building fund.

Dr. A. W. Boswell, for the Committee on Attendance, made report; the report was accepted and the committee continued. See page 137.

The Corresponding Secretary read a letter from Mr. A. C. Moses protesting against the purchase by the Society of property near his residence. Referred to the Building Committee with instructions to draft a reply and submit it to the Society.

A letter from the President of the Woman's Evening Clinic outlining certain war relief work projected by that organization was referred to the Executive Committee.

The special committee appointed to draft a memorial report on the death of Dr. Jesse H. Ramsburgh was relieved of that duty and the matter was referred to the Committee on Necrology.

Dr. E. Y. Davidson, for the Building Committee, reported progress in the negotiations for the purchase of a building site and stated that by advice of counsel it would be necessary to adopt a formal resolution authorizing the Trustees to hold title to property for the Society. The following preamble and resolution were unanimously adopted:

WHEREAS, at a meeting of the Society held November 14, 1917, the purchase of a building site on the south side of M Street

N. W., was authorized, Drs. E. Y. Davidson, Charles W. Richardson and Philip S. Roy were elected as Trustees to hold title to the property for the Society, and, for the purpose of purchasing the property, the Treasurer was directed to honor the order of the three Trustees for any moneys which were or may be in the hands of the Treasurer to the credit of the building fund of the Society;

AND WHEREAS Doctors Davidson, Richardson and Roy, acting as Trustees for the Medical Society of the District of Columbia, as aforesaid, have reported to the Society that they have made a deposit to be applied as part payment in the purchase of the west 19.83 feet of sub lot 25, all of sub lot 26 and the east 7.17 feet of sub lot 27, square 162, being 51 feet front by 133 feet deep, containing 6,783 square feet, unimproved, in the city of Washington, District of Columbia, and located on the south side of M Street N. W., between 17th Street and Connecticut Avenue; the price to be \$2.25 a square foot, aggregating \$15,261.75, of which \$4,000 is to be paid in cash, and the remainder of the purchase money to be represented by three (3) promissory notes, No. 1 being for \$3,755.75, payable on or before one year after date; notes Nos. 2 and 3 being each for the sum of \$3,753, payable on or before two and three years after date, respectively; all of said notes to bear interest at the rate of six per centum per annum (6%) until paid, payable semi-annually, and to be secured by first deed of trust upon the property so purchased;

Now, therefore, be it Resolved, That the action of the Trustees be approved, and that they be and are hereby authorized to take and hold title to said lots as Trustees for and on behalf of the Medical Society of the District of Columbia, with power in said Trustees, or the survivors or the survivor of them, to sell or encumber said lots and convey the same in fee simple, or by way of deed of trust or mortgage or otherwise, and without obligation on the part of a purchaser or person lending money to see to the application of the purchase money or money lent, such deed, deed of trust or other conveyance to be upon the direction of said Medical Society, such direction to be sufficiently evidenced by the signature of the President of the said Society for the time being, to any such deed, deed of trust or other conveyance.

Authority was given to the Building Committee to have printed bills to be sent to members for the purpose of securing the payment of the assessment for the building fund which became payable November 1.

Dr. T. A. Groover stated that he had been requested to arrange for providing medical assistance at an emergency hospital room to be conducted in connection with the Washington Sunday Tabernacle meetings in January next. Referred to the Executive Committee.

Dr. S. R. Karpeles reported two cases of Uterus Didelphis. Discussed by Drs. I. S. Stone, Frank Leech and D. G. Lewis. See page 95.

Drs. Jos. D. Rogers, Daniel L. Borden and O. B. Hunter reported a case of Toxaemia of pregnancy with premature delivery, carcinoma of ovary and metastasis to large intestine; survival of the child. Spontaneous rupture of huge cyst causing death of the mother. Discussed by Drs. D. G. Lewis and Rogers.

S. L. Hilton, Phar. D., addressed the Society on the regulations pertaining to the sale of alcohol under recent legislation. A rising vote of thanks was given Dr. Hilton for his address.

On motion of Dr. S. S. Adams, the Executive Committee was directed to consider what could be done to relieve the medical profession of the invasion of their professional rights involved in these regulations of the Commissioner of Internal Revenue having to do with prohibiting or restricting the sale of alcohol on a physician's prescription.

Wednesday, November 28.—President Cook presided; about 70 members present.

Dr. Frank Leech, for the Executive Committee, reported the following recommendations, which were adopted:

(1) That the Society sees no objection to any of its members tendering voluntary services to the Washington Sunday Tabernacle Hospital.

(2) That a letter of acknowledgment be sent to the President of the Woman's Evening Clinic in response to her letter outlining certain projected war work by that organization.

(3) That a letter expressing the regret of the Society that its efforts at coöperation thus far had not received recognition be sent to the Secretary of the American Medical Association in reply to certain letters asking the Society's coöperation in the organization of Medical Appeals Boards for this District.

Recommendation (3) was acted upon as follows: *Resolved*, That the proposed letter to the Secretary of the American Medical Association receive the endorsement of the Society and that it be forwarded.

A proposed reply from the Chairman of the Building Committee to Mr. A. C. Moses' protest against the Society's acquiring property near his residence was adopted.

The Treasurer reported subscriptions to the building fund.

The Chair submitted a report of the appointment of members in various sections of the city to render professional services at the request of the Civilian Relief Committee of the local chapter of the American Red Cross. His action approved.

The Health Officer stated that popular reports about the contamination of vaccine virus with tetanus spores had been greatly exaggerated. Only one make of vaccine had been found to be contaminated, and that through certain technical difficulties in its

manufacture and distribution; this product had been withdrawn from the market and the license of the makers suspended. He assured the Society that there need be no unusual apprehension of danger in performing vaccination and that there was unusual need to keep the population well vaccinated on account of the great amount of travel incident to war activities.

The Chair announced the death of Dr. Saml. E. Lewis.

Dr. I. S. Stone presented a paper on Cystitis in Elderly Women. Discussed by Drs. W. P. Carr, B. M. Randolph and Stone. See page 129.

Dr. W. C. Borden read a paper entitled: The Treatment of Infected Wounds with Special Reference to the Carrel Method. Discussed by Drs. W. P. Carr, H. H. Kerr and Borden. See page 101.

Wednesday, December 5.—President Cook presided; about 65 members present.

The Treasurer reported for November, Received, \$2,358.00; Disbursed, \$237.36.

He also reported further receipts for the building fund, and requested instructions with respect to a letter from Dr. M. Louise Strobel protesting against the special assessment for the building fund. The letter was referred to the Executive Committee.

The Chair announced the death of Dr. Edward M. Schaeffer.

The following officers were elected for 1918: President, Dr. P. S. Roy; First Vice President, Dr. C. S. White; Second Vice President, Dr. Mary O'Malley; Recording Secretary, Dr. H. C. Macatee; Corresponding Secretary, Dr. J. Lawn Thompson; Treasurer, Dr. C. W. Franzoni (unanimously, by a rising vote). Drs. J. A. Gannon, H. T. A. Lemon and W. P. Carr were elected members of the Executive Committee. Dr. G. Wythe Cook was elected delegate to the American Medical Association and Dr. Roy alternate. Dr. Roy was also elected to represent the Medical Society as one of the vice presidents of the Washington Academy of Sciences.

A letter from a special committee in the Patent Office asking the endorsement of the Society of a movement to secure for the City of Washington a proposed museum for the History of Science was referred to the Executive Committee.

Wednesday, December 12.—President Cook presided; about 55 members present.

The Treasurer reported contributions to the building fund.

Dr. C. A. Simpson suggested that the Society take steps to oppose before the Public Utilities Commission the proposed increased rates by the Telephone Company, and moved that the Chair appoint a committee to represent the Society in this matter. Carried.

Dr. A. B. Hooe moved that the committee be instructed to appear before the Public Utilities Commission and to state that

it is the sense of the Medical Society of the District of Columbia that, in view of the unsatisfactory service now being rendered by the Chesapeake and Ohio Telephone Company, the present rates are excessive, and that the Society is opposed to any increase of rates for telephone service and to the proposed abolition of unlimited service. Carried.

Dr. E. Y. Davidson, for the Board of Trustees, announced the transfer of the site for the Society building to the Trustees and the payment of \$4,000 on the purchase price.

In the absence of both Vice Presidents, Dr. Frank Leech, Chairman of Executive Committee, took the Chair and President Cook delivered the annual address. The address was referred to the Executive Committee and ordered printed in the ANNALS. See page 87.

A rising vote of thanks was given Dr. Cook for his address and for his services to the Society during the year.

Stated Meeting, Wednesday, January 2, 1918.—President P. S. Roy presided; about 30 members present.

The Chair announced the appointment of the following committees:

Censors: A. W. Boswell, W. P. Reeves, A. J. Carrico, E. W. Watkins, A. Frances Foye.

On Program: J. Lawn Thompson, J. J. Richardson, J. Russell Verbrycke, Jr., W. Gerry Morgan, Ada R. Thomas.

On Publication: D. S. Lamb, H. C. Macatee, H. E. Martyn, H. S. Lewis, Kate B. B. Karpeles.

On History of Society: I. S. Stone, Mary A. Parsons, Llewellyn Eliot, John A. Foote.

On Necrology: J. W. Chappell, E. L. Morgan, F. W. Braden, Louise Tayler-Jones, N. R. Jenner, Wade H. Atkinson.

The Recording Secretary announced the following applications for membership. Referred to Committee of Censors.

For active membership:

Harvey Peter Feigley, Jefferson Medical College, 1911.

Richard Lee Silvester, Johns Hopkins University, 1914.

For associate membership:

Wm. Fowke Ravenel Phillips, Medical College of State of South Carolina.

Howard F. Strine, Medical Inspector, U. S. Navy.

Dr. Frank Leech, for the Executive Committee, announced the organization of the Committee for the year as follows: Frank Leech, Chairman; J. B. Nichols, Vice Chairman; H. C. Macatee, Secretary.

The committee offered the following recommendations, all of which were adopted:

(1) That an honorarium of \$100.00 be paid Mr. H. Ralph Burton, counsel, in recognition of his services during the past year.

(2) That in view of certain circulars distributed to employees of the Interior Department indicating that there is maintained in that Department a preferential list of physicians, the secretary of the committee be directed to address a letter to the Secretary of Interior requesting a copy of the list.

(3) That in response to a letter from Dr. M. Louise Strobel protesting against payment of the assessment for the building fund, the Corresponding Secretary be directed to address a conciliatory letter to Dr. Strobel pointing out the harmful effect of her action as a precedent and expressing the hope that she may see her way to paying the assessment later.

(4) That in response to a letter from Dr. Shufeldt, U. S. Army, retired, the Corresponding Secretary be instructed to send Dr. Shufeldt a letter acknowledging his communication and expressing the hearty endorsement by the Society of his plea for a new and enlarged Army Medical Museum.

(5) That a letter from Col. W. O. Owen, M. C., U. S. Army, be acknowledged by the Corresponding Secretary and that he be informed that the Medical Society heartily endorses his plan to secure the opening of the Surgeon General's Library in the evenings and will much appreciate that action.

(6) That a proposition to secure for the City of Washington a proposed Institute of the History of Science be endorsed, and that the Corresponding Secretary be instructed to inform the committee in the Patent Office having the matter in interest of this action.

Dr. A. W. Boswell, for the Committee of Censors, reported that the committee recommended for election the following, and they were elected.

For active membership:

Francis Vernon Atkinson, George Washington University, 1915.
Carroll Edward Bingman, George Washington University, 1915.
James Bradley Grier, University of Pennsylvania, 1894.
Francis Sherman Echols, Medical School of Maine (Bowdoin), 1915.

For associate membership:

James Widgery Marshall, Ashburn, Va.
Edward J. Kempf, Government Hospital for Insane.
Josiah B. Henneberger, 1st Lieut., M. C., U. S. Army.

The committee found Dr. Wm. T. Gill, Jr., ineligible for active membership on account of his appointment in the Medical Department, U. S. Navy, and had suggested to him that he apply for associate membership. The application of Dr. Evelyn G. Mitchell had been retained in the hands of the committee for report at a later date.

A letter from the St. Louis Medical Society in regard to the Selective Service law and its medical aspects was referred to the District State Committee, Medical Section, Council of National Defense.

A letter from the Washington Academy of Sciences relative to its publications was referred to the editor of the ANNALS for appropriate action.

The following amendment to the Constitution was adopted: "Amend Article V, Section 13, by adding: Upon written request non-resident active members in good standing may become associate members by a two-thirds vote of the Society at any meeting."

Dr. W. P. Carr introduced the following: "That we respectfully offer the following amendment to the Constitution and By-Laws, to be voted on at the next stated meeting: That after the passage of this amendment one of the regular meetings each month shall be devoted entirely to the transaction of business and the remaining regular meetings shall be devoted exclusively to scientific work, and that any conflicting law be hereby repealed.

"We request that this amendment be referred to the Executive Committee for criticism or amendment and recommendation to be voted upon at the next stated meeting."

(Signed) W. P. Carr, Frank Leech, A. W. Boswell,
I. S. Stone, E. Y. Davidson.

Dr. J. A. Gannon, for the information of members, read a letter upon the subject of the group plan of liability insurance. The letter was referred to the Executive Committee.

Dr. W. F. R. Phillips, having so requested, was transferred from active to associate membership.

The room being extremely cold, the program for the evening was postponed two weeks and the Society adjourned.

Wednesday, January 9.—President Roy presided; about 50 members present.

The Treasurer presented his report for the year 1917; referred to the Executive Committee. See page 138.

Dr. T. V. Hammond, Jr., U. S. Navy, was transferred from active to associate membership.

A letter from the Secretary of the American Medical Association was read replying to the letter of protest of the Society against the appointment of a Medical Adviser of the Provost Marshal General for this District, without the consent of the Society. Referred to the Executive Committee.

The Recording Secretary stated that he had addressed a letter to the Secretary of the Interior as directed by the Society.

Dr. J. W. Bovée read a paper entitled: Tubal and ovarian hemorrhage; its etiological relation to pelvic hemorrhage and extrauterine pregnancy. Discussed by Drs. Rogers, Riggles, Glushak and Bovée.

Dr. J. S. Wall read a paper entitled: Infantile pyloric stenosis. Illustrated by lantern slides. Discussed by Drs. Frank Leech, Foote, Verbrycke, Jack and Wall.

Wednesday, January 16.—President Roy presided; about 35 members present.

A letter from Miss Antoinette Greely, Social Worker in the Interior Department, in response to a letter of inquiry concerning a list of preferred physicians, reported to be kept in that Department, was read and referred to the Executive Committee.

The Treasurer reported a list of subscribers to the building fund.

The Chair announced the appointment of Dr. Chas. L. Waters as a member of the Building Committee, *vice* Dr. Camp Stanley, resigned.

Dr. J. Russell Verbrycke reported two cases of Phlegmonous Colitis, illustrated with x-ray plates. Discussed by Dr. W. P. Carr. See page 122.

Dr. W. P. Carr presented the paper of the evening, entitled: The Treatment of Infected Wounds. Discussed by Drs. C. S. White, E. L. Morgan, I. S. Stone, P. S. Roy, C. N. Chipman, D. G. Lewis and Carr. See page 111.

Wednesday, January 23.—President Roy presided; about 35 members present.

Dr. Davidson, Chairman of the Building Committee, announced the receipt of a Liberty Bond of the denomination of \$500.00 as the contribution of the Washington Surgical Society to the building fund, and moved that the Secretary be instructed to communicate the thanks of the Medical Society for this generous gift. So ordered.

Dr. D. S. Lamb announced the issue of the January number of the ANNALS and that extra copies of the number could be obtained at a cost of 20 cents each by application to him.

An invitation to members interested in the technical aspect of x-rays to attend a meeting of the Philosophical Society was communicated and the inclusion of this invitation in the next program card was authorized.

Dr. L. B. T. Johnson was designated as the representative of the Society at the annual congress on Medical Education and Licensure to be held in Chicago, February 4 and 5.

Miss Georgia M. Nevins, representing the Red Cross Nursing Service, made a statement regarding the present and prospective nursing situation, and asked the coöperation of the medical profession by the use of practical nurses where possible by limiting the number of nurses to a given case, and to make greater use of hourly nurses.

The Chair announced the death of Dr. H. A. Selhausen.

Dr. George H. Heitmuller reported cases of Congenital word blindness, or developmental alexia. Discussed by Drs. J. A. Murphy, Lind, Macatee, Roy, Isabel H. Lamb, and Heitmuller. See page 124.

Dr. H. H. Hazen read a paper entitled: War Dermatoses. Discussed by Drs. L. O. Howard, Stone, Macatee, J. A. Murphy, Heitmuller, Randolph and Hazen.

Wednesday, January 30.—President Roy presided; 13 members present.

Dr. J. B. Nichols, Chairman of the Centennial Committee, presented a final financial report, which was accepted, the recommendations adopted and the Treasurer was instructed accordingly. See page 136.

The President was authorized to represent the Society at a meeting at the District Building to consider the subject of "Venereal Diseases and the War."

There being such a small attendance, the program was postponed to the last Wednesday of February.

WASHINGTON MEDICAL ANNALS.

Journal of the Medical Society of the District of Columbia.

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KATE B. B. KARPELES, M. D.,	1207 Columbia Road.

Editorial.

THE U. S. NAVY wants binoculars, spy glasses and telescopes. If you have any to spare, send to Hon. F. D. Roosevelt, Asst. Secretary of the Navy.

PUBLICATIONS OF THE MEDICAL SOCIETY AND ASSOCIATION.—In view of the prospective erection of a building as a home for the Medical Society it becomes desirable to make a collection of the publications of the Society and Association, for deposit in the new building. It is hoped, therefore, that members will bear the subject in mind and, as opportunity offers, get together such publications as they may have and turn them over to the Committee on History of the Society, of which Dr. I. S. Stone is Chairman.

CENTENNIAL NUMBER OF THE ANNALS, January, 1918.—Extra copies at 20 cents a piece may be obtained from the Chairman of the Committee on Publication, Dr. D. S. Lamb.

HISTORY OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.—Price \$1.00, with 25 cents added if delivered in this city or sent by mail. Address Dr. C. W. Franzoni, 605 I Street, N. W. The books are in the custody of Dr. D. S. Lamb, at the Army Medical Museum.

THE WASHINGTON MEDICAL ANNALS.—Back numbers.—Members of the Society who have back numbers of the ANNALS, and do not intend to preserve them, are requested to send them to the Chairman of the Publication Committee. Requests for such numbers are frequently received.

NOTICE. DISCUSSIONS.—If corrections of discussions do not appear in the text, it is because they have not been received in time.

THE OTHER MEDICAL SOCIETIES OF THE DISTRICT OF COLUMBIA.

THE CASUALTY HOSPITAL MEDICAL SOCIETY.—Meets on the first Friday in October, December, February and April. President, J. D. Rogers; Vice President, W. P. Wood; Secretary, S. B. Pole; Treasurer, C. J. Murphy. It is composed of the following members: N. P. Barnes, J. C. Blackistone, J. H. Diggs, W. A. Frankland, R. M. LeComte, D. O. Leech, J. J. Madigan, W. C. Sparks, A. E. Pagan, C. J. Murphy, C. B. Conklin, R. F. Dunmire, H. Jaeger, S. B. Pole, W. P. Reeves, J. D. Rogers, C. S. White, W. P. Wood, J. J. Mundell, J. R. Wellington.

The object of the Society is to promote the welfare of the Casualty Hospital and Eastern Dispensary.

CLINICAL SOCIETY.—Officers: H. H. Donnally, President; D. Webster Prentiss, Secretary and Treasurer; J. D. Thomas and L. A. Johnson, Censors. The Society meets the second Monday of each month. It has an active membership limited to twenty-five and an inactive membership of those who have finished a term of ten or more years of active membership.

CLINICO-PATHOLOGICAL SOCIETY.—Active membership limited to 25. Inactive membership: those who have withdrawn from active membership after fifteen years. A limited honorary membership of eminent medical men. Meets on the first and third Tuesdays of the month from October to May, inclusive. Officers: Loren B. T. Johnson, President; Thos. S. Lee, First Vice President; Jos. S. Wall, Second Vice President; H. H. Donnally, Secretary-Treasurer.

EMERGENCY HOSPITAL CLUB.—This club was organized early in 1915 by the members of the Staff of the Central Dispensary and Emergency Hospital. Meetings are held on the second Saturday of each month from September to May, inclusive; the officers are as follows—President, V. B. Jackson; Vice President, Edgar Snowden; Secretary-Treasurer, E. M. Ellison.

FREEDMEN'S HOSPITAL MEDICAL SOCIETY.—Meets on the second Wednesday of each month from October to May, inclusive. Composed of physicians connected with the Staff of the Hospital and the Medical Faculty of Howard Medical School. Collins Marshall, President; C. A. Brooks, Vice President; C. A. Allen, Secretary-Treasurer.

GEORGETOWN CLINICAL SOCIETY; twenty-five active members, limited to graduates of the Medical Department of Georgetown University. Meets at the University Club on the third Tuesday in the month. John A. Foote, President; J. Russell Verbycke, Jr., Treasurer.

GEORGETOWN UNIVERSITY MEDICAL SOCIETY.—Meets on the fourth Saturday of the month at the University Hospital. The membership consists of the Alumni, Faculty and Senior Students of the Medical School. J. A. Gannon, President; T. F. Lowe, Vice President; J. M. Moser, Secretary-Treasurer.

GEORGE WASHINGTON UNIVERSITY MEDICAL SOCIETY.—Organized 1905; membership limited to Alumni of School and Members of the Faculty. Meets in the Medical Building on the third Saturday of each month from October to May. President, C. B. Conklin; Vice President, W. G. Young; Secretary, Thomas Miller; Treasurer, E. G. Seibert; President's Council, Truman Abbe, J. Lawn Thompson, John Van Rensselaer, E. P. Copeland and W. A. Frankland. Active membership, 169.

HIPPOCRATES AND GALEN SOCIETIES.—At a joint meeting of these societies Oct. 4, 1917, they were amalgamated under the name Hippocrates-Galen Society. The membership is limited to 35, with voluntary retired members after 10 years. Meets on second Thursday of each month from October to May, inclusive. President, Carl Henning; Vice President, R. R. Walker; Secretary-Treasurer, E. W. Titus.

MEDICAL HISTORY CLUB of Washington, D. C.—Officers: President, J. B. Nichols; Vice President, John A. Foote; Secretary, F. J. Stockman; Executive Committee, Frank Baker, F. H. Garrison, C. A. Pfender and the Officers. Members: Truman Abbe, Frank Baker, W. C. Borden, J. H. Bryan, G. Wythe Cook, John A. Foote, F. H. Garrison, Howard Hume, H. W. Lawson, W. J. Mallory, J. B. Nichols, C. A. Pfender, P. S. Roy, W. C. Rucker, F. J. Stockman, I. S. Stone, W. A. White.

MEDICAL AND SURGICAL SOCIETY of the District of Columbia.—President, E. P. Copeland ; Vice President, H. H. Kerr ; Secretary and Treasurer, L. Eliot ; Asst. Secretary, J. H. Talbott ; Executive Council, John Dunlop, H. P. Parker, H. G. Fuller, L. H. Reichelderfer and Eliot. The Society membership is limited to 25 active members ; 10 honorary members ; and inactive members, those who have completed a term of ten years service. The meetings are held on the first Thursday in each month from October to May.

SOCIETY OF MEDICAL JURISPRUDENCE, Washington, D. C.—President, Dr. D. P. Hickling ; Vice President, J. M. Kenyon ; Secretary-Treasurer, Spencer Gordon. Meets on the second Monday of each month from October to June at University Club. Has from forty to fifty members.

SOCIETY OF OPHTHALMOLOGISTS AND OTOLOGISTS, Washington, D. C., meets the third Friday of each month from October until May, inclusive. Officers : President, Mead Moore ; Vice President, Carl Henning ; Secy.-Treasurer, J. W. Burke. Active members : A. B. Bennett, Jr., J. W. Burke, V. Dabney, W. T. Davis, C. M. Hammett, Carl Henning, W. H. Huntington, E. B. Jones, A. H. Kimball, R. S. Lamb, F. B. Loring, O. A. M. McKimmie, W. B. Mason, Mead Moore, E. L. Morrison, S. B. Muncaster, W. F. Patten, J. J. Richardson, G. S. Saffold, E. G. Seibert, E. A. Taylor, R. R. Walker, W. A. Wells. Inactive members : J. H. Bryan, W. K. Butler, Wm. H. Fox, L. S. Greene, W. P. Malone, M. E. Miller, W. S. Newell, H. A. Polkinhorn, C. W. Richardson, D. K. Shute, W. H. Wilmer. Associate members : R. H. Goldthwaite, T. C. Lyster, G. B. Tribble.

SOCIETY OF MENTAL HYGIENE, District of Columbia.—President, Gen. Rupert Blue ; Vice President, Cuno H. Rudolph ; Treasurer, Miss Nellie Sedgley ; Dr. Wm. A. White, Chairman Executive Committee ; Dr. D. Percy Hickling, Secretary. Chief objects of the committee : To work for the conservation of mental health ; for the prevention of mental disease and mental deficiency and for the improvement in the care and treatment of those suffering from nervous or mental diseases or mental deficiency.

SOCIETY OF SOCIAL HYGIENE, Washington, D. C.—President, Dr. Charles F. Stokes, U. S. Navy ; Secretary, Lt. Col. J. R. Kean, U. S. Army, Surgeon General's Office. The Society has four committees, namely : Education, Venereal Diseases, Protection of Women and Children, and Psychopathology. Yearly dues, \$1.00. Persons desiring to become members should address Col. Kean and state to which committee they wish to be assigned.

THERAPEUTIC SOCIETY of the District of Columbia.—Meets at the G. W. School of Pharmacy, 808 I Street, N. W., on the first Saturday in each month. E. W. Burch, President; A. P. Tibbets, Secretary.

WALTER REED MEDICAL SOCIETY.—Meets on the fourth Thursday of every other month, from September to May inclusive. Composed of physicians located in the eastern part of Washington. J. S. Arnold, President; H. R. Schreiber, Vice President; M. H. Prosperi, Secretary; N. E. Webb, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY.—President, ———; Vice President, R. R. Walker; Secretary, Walter Van Sweringen; Treasurer, F. E. Gibson; Curator and Librarian, E. H. Egbert; Executive Committee: L. H. Taylor, Chairman, G. S. Clark, G. S. Barnhart; Program and Auditing Committee: Wm. A. Jack, Jr., Chairman, J. R. Nevitt, Walter Van Sweringen; Membership Committee: F. E. Gibson, Chairman, Wm. P. Reeves, Caryl Burbank.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY.—President, J. F. Moran; Vice Presidents, G. B. Miller, Prentiss Willson; Secretary, Truman Abbe; Treasurer, D. W. Prentiss. Retired members: G. N. Acker, S. S. Adams, E. A. Balloch, J. W. Bovée, W. S. Bowen, W. P. Carr, G. Wythe Cook, M. F. Cuthbert, H. D. Fry, J. T. Johnson, D. G. Lewis, A. R. Shands, E. E. Morse, Elmer Sothoron, John Van Reusselaer.

WASHINGTON PSYCHOANALYTIC SOCIETY.—Meets the second Saturday of each month, from October to May, inclusive. Membership limited to 25. D. Percy Hickling, President; Alfred Glascock, Vice President; A. A. Wilson, Secretary.

WASHINGTON SOCIETY OF NERVOUS AND MENTAL DISEASES.—President, E. J. Kempf; Vice President, H. T. A. Lemon; Secretary-Treasurer, J. E. Lind. The Society has a limited membership of thirty, but welcomes Physicians and Surgeons interested in Neurology and Psychiatry. Meets monthly on the third Thursday at the Cosmos Club or a member's residence. The first meeting of the season was held at the home of Dr. W. M. Barton, January 17, 1918. Considerable discussion took place as to the advisability of discontinuing the society for the time being, on account of war conditions, or at least of holding less frequent meetings. It was decided, however, to continue for the present and to meet on the third Thursday of each month.

THE WASHINGTON SURGICAL SOCIETY.—Meets at 1621 Conn. Ave. the third Friday of the month at 8 P. M. The officers are H. A. Fowler, President; D. W. Prentiss and Walter Webb,

Vice Presidents; H. G. Fuller, Secretary, and J. A. Gannon, Treasurer. Members of Council, H. D. Fry, J. F. Moran and the officers.

WOMEN'S MEDICAL SOCIETY of the District of Columbia. —President, Mary O'Malley; Vice President, Amy J. Rule; Secretary and Treasurer, Lauretta E. Kress; Corresponding Secretary, Edith Se Ville Coale.

THE FOLLOWING BILL has been introduced in the House of Representatives, and a similar bill in the Senate.

IN THE HOUSE OF REPRESENTATIVES.

AUGUST 17, 1917.

MR. FOSTER introduced the following bill; which was referred to the Committee on the District of Columbia and ordered to be printed.

A BILL To incorporate the Medical Society of the District of Columbia.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That Doctors George Wythe Cook, Frank Leech, J. W. Chappell, E. G. Seibert, P. S. Roy, R. T. Holden, W. M. Barton, E. Y. Davidson, J. B. Nichols, A. L. Stavelly, C. W. Franzoni, H. C. Macatee, D. S. Lamb, A. W. Boswell, and J. Lawn Thompson, and such other persons as they may associate with themselves, and their successors, are hereby incorporated under the name and title of the Medical Society of the District of Columbia, for the purpose of promoting and disseminating medical and surgical knowlegee, and for no other purpose.

SEC. 2. That the Medical Society of the District of Columbia be, and it is hereby, empowered to own, mortgage, and convey such property as may be necessary for its purposes, and to make such rules and regulations as it may require, and which may not be repugnant to the Constitution and laws of the United States.

SEC. 3. That Congress reserves the right to alter, amend, or repeal this Act of incorporation of said society.

PRIZES.—The American Academy of Medicine announces two prizes as follows:

1st. For 1918, \$100.00. "The principles governing the physician's compensation in the various forms of social insurance."

2d. For 1921, \$250.00. "What effect has child labor on the growth of the body?"

For further information address Dr. T. W. Grayson, Secretary, 1101 Westinghouse Building, Pittsburgh, Pa.

THE PUBLIC LIBRARY OF THE CITY wants to get the following publications: WASHINGTON MEDICAL ANNALS for January, 1907. Also the following Regulations, etc., of the Medical Association of the District: 1833, 1845, 1848, 1854, 1861, 1870, 1873, 1878, 1890, 1893, 1909.

THE MINNESOTA STATE PHARMACEUTICAL ASSOCIATION calls attention to the necessity for economy in the medicinal use of sugar, glycerine and alcohol during the war, and suggests the substitution of fresh infusions for alcoholic fluid extracts, tinctures and elixirs, and in prescribing salts such as the bromides to use a slightly flavored mixture instead of an elixir.

THE MINNESOTA STATE MEDICAL ASSOCIATION began in January to publish a medical journal, called *Minnesota Medicine*. This is the twenty-eighth State medical association publishing a journal of its transactions.

THE JOURNAL OF THE WASHINGTON ACADEMY OF SCIENCES.—The subscription price is \$2.50 per year to the members of the affiliated societies, or \$2.00 per year if twenty-five or more members subscribe through the secretary of their society. The regular subscription price is \$6.00 per year. The Journal publishes announcements of all meetings of the scientific societies of Washington and reports their proceedings, giving brief abstracts of the papers presented and of the discussions. It publishes abstracts and references for all scientific work done in Washington. It publishes also short original articles and preliminary announcements of completed investigations, sometimes several months before their appearance in more detailed form in journals or Government bulletins. The Journal of the Academy thus aims to do for Washington the same service that the periodical, *Science*, aims to do for the scientific work of the country at large. Subscriptions should be sent to the Treasurer of the Academy, Mr. William Bowie, U. S. Coast and Geodetic Survey, Washington, D. C.

MEDICAL RESERVE CORPS.—At the present time, according to a statement made by Lieut. Col. Noble, chief of the personnel desk of the Surgeon General's Office, we have only 14,500 doctors in the Medical Reserve Corps, not a sufficient number to care for those already in the service, not mentioning the men to come into combatant forces as the result of a second draft.

"Until the entire medical profession of the United States, or at least those who are mentally and physically fit and within the age limit, are mobilized within the Medical Reserve Corps of the United States Army, not until then can we give to the Surgeon General that efficiency which he so badly needs in having a large body of medical officers upon whom to draw.

"You may never be called, at the same time your joining the Medical Reserve Corps and placing your services at the command of your country clearly indicates the patriotism which the medical profession, as a whole, should evince and which we must manifest if we are to win the war.

"Every doctor must realize that success depends upon a carefully selected and thoroughly trained body of medical officers. By careful selection, we mean the placing of a medical officer in a position where he is best fitted for the service, and only by having an immense corps, or the entire profession mobilized upon a war basis, can we serve our country to the best possible advantage.

"This mobilization of the entire profession should come from within the body itself, but every physician coming within the requirements of the service, as to age and physical fitness, should seriously consider this suggestion and not wait for complete mobilization, but apply at once for a commission in the Medical Reserve Corps of the United States Army.

"It is not only for the combatant forces that medical officers are required, but for sanitation, hospital camps, cantonments and in other departments where the health and life of the forces are dependent upon the medical officer.

"We have within the profession a sufficient number of doctors to fully meet the requirements of the Surgeon General's Office, whatever they might be, but to be of service, you must join the Medical Reserve Corps to enable you to meet the appeal which is now being made for a large and efficient Medical Reserve Corps upon which the Surgeon General may draw as requirements demand."

VOLUNTEER MEDICAL SERVICE CORPS.—For the purpose of completing the mobilization of the entire medical and surgical resources of the country, the Council of National Defense has authorized and directed the organization of a "Volunteer Medical Service Corps," which is aimed to enlist in the general war-winning program all reputable physicians and surgeons who are not eligible to membership in the Medical Officers' Reserve Corps.

It has been recognized always that the medical profession is made up of men whose patriotism is unquestioned and who are eager to serve their country in every way. Slight physical infirmities or the fact that one is beyond the age limit, fifty-five years, or the fact that one is needed for essential public or institutional service, while precluding active work in camp or field or hospital in the war zone, should not prevent these patriotic physicians from close relation with governmental needs at this time.

It was in Philadelphia that the idea of such an organization was first put forward, Dr. William Duffield Robinson having initiated the movement resulting in the formation last summer of

the Senior Military Medical Association, with Dr. W. W. Keen as president—a society which now has 271 members.

Through the Committee on States Activities of the General Medical Board, the matter of forming such a nation-wide organization was taken up last October in Chicago at a meeting attended by delegates from forty-six States and the District of Columbia. This Committee, of which Dr. Edward Martin and Dr. John D. McLean—both Philadelphians—are respectively chairman and secretary, unanimously endorsed the project. A smaller committee, with Dr. Edward P. Davis, of Philadelphia, as chairman, was appointed to draft conditions of membership, the General Medical Board unanimously endorsed the Committee's report, the Executive Committee—including Surgeons General Gorgas, of the Army, Braisted, of the Navy, and Blue, of the Public Health Service—heartily approved and passed it to the Council of National Defense for final action, and the machinery of the new body has been started by the sending of a letter to the State and County Committees urging interest and the enrollment of eligible physicians.

It is intended that this new corps shall be an instrument able directly to meet such civil and military needs as are not already provided for. The General Medical Board holds it as axiomatic that the health of the people at home must be maintained as efficiently as in times of peace. The medical service in hospitals, medical colleges and laboratories must be up to standard; the demands incident to examination of drafted soldiers, including the reclamation of men rejected because of comparatively slight physical defects; the need of conserving the health of the families and dependents of enlisted men and the preservation of sanitary conditions—all these needs must be fully met in time of war as in time of peace. They must be met in spite of the great and unusual depletion of medical talent due to the demands of field and hospital service.

In fact, and in view of the prospective losses in men with which every community is confronted, the General Medical Board believes that the needs at home should be even better met now than ever. The carrying of this double burden will fall heavily upon the physicians, but the medical fraternity is confident that it will acquit itself fully in this regard, its members accepting the tremendous responsibility in the highest spirit of patriotism. It will mean, doubtless, that much service must be gratuitous, but the medical men can be relied upon to do their share of giving freely, and it is certain that inability to pay a fee will never deny needy persons the attention required.

It is proposed that the services rendered by the Volunteer Medical Service Corps shall be in response to a request from the Surgeon General of the Army, the Surgeon General of the Navy,

the Surgeon General of the Public Health Service, or other duly authorized departments or associations, the general administration of the corps to be vested in a central governing board, which is to be a committee of the General Medical Board of the Council of National Defense. The State Committee of the medical section of the Council of National Defense constitutes the governing board in each State.

Conditions of membership are not onerous and are such as any qualified practitioner can readily meet. It is proposed that physicians intending to join shall apply by letter to the Secretary of the central governing board, who will send the applicant a printed form, the filling out of which will permit ready classification according to training and experience. The name and data of applicants will be submitted to an executive committee of the State governing board, and the final acceptance to membership will be by the national governing body. An appropriate button or badge is to be adopted as official insignia.

The General Medical Board of the Council of National Defense is confident that there will be ready response from the physicians of the country. The Executive Committee of the General Medical Board comprises: Dr. Franklin Martin, chairman; Dr. F. F. Simpson, vice-chairman; Dr. William F. Snow, secretary; Surgeon General Gorgas, U. S. A.; Surgeon General Braisted, U. S. N.; Surgeon General Rupert Blue, Public Health Service; Dr. Cary T. Grayson, Dr. Charles H. Mayo, Dr. Victor C. Vaughan, Dr. William H. Welch.

SPECIAL COMMITTEES.—On Attendance.—A. W. Boswell, chairman; S. S. Adams, W. M. Barton, A. J. Carrico, E. Y. Davidson, J. A. Gannon, C. W. Hyde, H. T. A. Lemon, C. A. Simpson, J. L. Thompson.

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THE NEW BUILDING.

It was stated in the January issue of the ANNALS that the success of the building project is assured. This statement was made advisedly and it is now reaffirmed with confidence. In January the amount paid into the building fund was \$6,000.00.

The amount of the fund is now over \$8,000.00—a gain of 33½ per cent in two months; and the gain in contributors to the fund during that period has been over 30 per cent.

Contributions to the building fund have been received from the following members of the Society:

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REVIEWS.

SURGERY AND DISEASES OF THE MOUTH AND JAWS.—By VILRAY PAPIN BLAIR, A.M., M.D., F.A.C.S., Major M.R.C., U.S.A. Third edition. C. V. MOSBY, St. Louis. Price, \$6.00.

The appearance of the third edition of this scholarly work is timely. The splendid work done in the repair of facial defects by the collaboration of the surgeon and the dentist is the one distinctive surgical feature of the present war. The Subsection of Plastic and Oral Surgery, of the Surgeon General's Office, of which Major Blair is the head, has studied this work with great care and minuteness, and its results are incorporated in the present volume. From the high degree of anatomical and surgical knowledge possessed by the author one would expect that this work would be scientific in character, thorough in execution and reliable in every way. This expectation is borne out by a perusal of the book, and it can be commended honestly as the best treatise of its kind in the English language. No one at all interested in the matters of which it treats can afford not to have it in his library. The fact that this is the third edition within five years shows that this is not alone the opinion of the reviewer.—EDWARD A. BALLOCH.

"DISEASES OF WOMEN." By HARRY S. CROSSEN, M.D., F.A.C.S., Associate in Gynecology, Washington University Medical College, St. Louis, Mo.; Fellow of the American Gynecolog-

ical Society, etc. Fourth edition, revised and enlarged. With 800 engravings. 1917. Price, \$7.50.

This text book is a veritable storehouse of information, embodies the whole realm of gynecology, and includes the best and most advanced thought upon such diseases as may influence the organs peculiar to women. In many respects the methods of Dr. Crossen are unique, and he shows a commendable originality in the presentation of the subject matter.

Doubtless many students and young physicians meet with cases of disease of one or another locality in the pelvis and want to consult an authority for a description of diseases incident to that area. Dr. Crossen provides this opportunity and discusses the subject with clearness, showing conspicuous familiarity with the pathological conditions usually seen in the female pelvis. The various diseases of the pelvic organs of women are described and appropriately illustrated, but little of importance being left without due comment. In fact, the author has added a large number of pages and illustrations until one can say that the book is "profusely illustrated." The study of the ductless glands is in line with modern investigation and teaching, and is a subject of great interest to all progressive physicians. It is impossible to note many topics which are omitted in this comprehensive study of gynecology, and we cannot find enough of error or even of difference of opinion to prevent our enthusiastic praise of the book and of its industrious and talented author.—I. S. STONE.

HANDBOOK OF GYNECOLOGY. By HENRY FOSTER LEWIS, A.B., M.D., and ALFRED DE RANLET, B.Sc., M.S., M.D.; with 177 illustrations. Published by C. V. MOSBY COMPANY, St. Louis. Price, \$4.00.

This is a very carefully prepared handbook from a practical standpoint in the ordinary study of diseases of women. It is compact and quite correct, agreeing with the teachings of the universally used gynecologies of today, omitting long descriptions of major operations and minor details in technic.

The illustrations are especially good and numerous, being embodied in the text which describes the disease. The chapter on gynecological hernia is particularly well arranged, giving a brief and concise description of pelvic anatomy and its pathology.

The histology and pathology of neoplasms is very closely defined, the latter part of the chapter giving a short but very practical discussion in different trial diagnoses.

As a text book for students and general practitioners it will be found very useful, but there are no operations described nor any detailed treatment, because the author believes that the hospital, not the lecture hall, is the place to learn surgery.—J. LEWIS RIGGLES.

THE PRESCRIPTION, THERAPEUTICALLY, PHARMACEUTICALLY, GRAMMATICALLY AND HISTORICALLY CONSIDERED. By OTTO A. WALL, Ph.G., M.D., St. Louis College of Pharmacy. Fourth edition. 1917. C. V. Mosby Co., Publishers, St. Louis, Mo. Price, \$2.50.

This little book of 270 pages is a sort of encyclopedia of information pertaining to the prescription. The chapter on History will interest medical men and pharmacists who like to explore the archaeology of their respective arts. The chapter on Extemporary Prescriptions is of use to the physician, as also the chapter on Language of the Prescription, although the modern tendency seems to be to get away from the old Latin tradition and introduce more of modern language into prescription writing. The rest of the book, generally speaking, is rather exclusively pharmaceutical, and consequently will be of more interest to the pharmacist than to the physician, for the present trend in the medical schools is distinctly in the direction of eliminating most of the pharmaceutical work in respect to drugs, and to devote the time to pharmacology. The fact that a fourth edition of this book has been printed is proof enough that it must have filled a space in the literature.—W. M. BARTON.

PHYSICAL DIAGNOSIS. By W. D. ROSE, M.D., Lecturer on Physical Diagnosis, Medical Department of the University of Arkansas. 8 vo, 499 pages, 294 illustrations. Saint Louis, C. V. Mosby Company. 1917. Price, \$4.00.

The procedures involved in the clinical examination of patients may be divided into three rather sharply defined categories, namely: (1) The determination of the subjective phenomena, which are obtainable only from the patient's own statements; (2) the somatic or so-called physical examination, comprising the methods in which the patient's own person or body is subjected to direct investigation to elicit objective findings; and (3) the ecsomatic (*'εκ*, out of, and *σωμα*, body) examinations, comprising the laboratory methods employed in the investigation of body secretions or other fluids or solid substances discharged or removed from the body. Diagnosis involves the consideration of facts brought out by all of these lines of examination, yet these three branches of investigation involve quite different methods and technic, and each constitutes a suitable topic for systematic and comprehensive presentation in a manual.

The work before us, like most works on so-called "physical diagnosis," devotes preponderating attention to the physical examination of the thoracic and abdominal contents; and while the other regions and systems of the body are considered, the treatment of the latter is sketchy and inadequate, and the work cannot be regarded as a complete and comprehensive presentation of

somatic examination in general. Although the various regions of the body are considered *seriatim*, the body, the skin, the bones, etc., as a whole are not treated, resulting in the omission of such items as the general measurements of the body, their relations to one another, thermometry, spinal abnormalities, subcutaneous edema (pitting on pressure), the *tache cérébrale*, etc., etc. Numerous instances of unequal or inadequate presentation of branches of the subject could be adduced. For example, x-ray examination is considered as applied to the chest organs, but not mentioned in connection with investigation of the alimentary tract. Although several pages are devoted to the Barany equilibrium tests, sufficiently explicit directions for actually executing the tests are not given. Sphygmograms are briefly discussed, but polygraphic tracings and electrocardiography are not mentioned. Although of limited range, olfaction could be logically added to the familiar rubrics of inspection, palpation and auscultation, adding the diagnostic revelations of the sense of smell to those of seeing, feeling and hearing.

Within its limits, however, and especially with regard to the thoracic and abdominal organs, the work is a comprehensive, clear, well-arranged and useful treatise. Only the methods of investigation in ordinary use by or available to the general practitioner are presented, the special technic employed by specialists in the exploration of special regions (*e. g.*, ophthalmoscopy, laryngoscopy, cystoscopy, etc., etc.), being omitted. The book is profusely illustrated, well and attractively printed, and with few typographical errors. Although capable of amplification, it can be recommended as a useful work for students and practitioners.—JOHN B. NICHOLS.

AN INTERMEDIATE TEXT BOOK OF PHYSIOLOGICAL CHEMISTRY, WITH EXPERIMENTS. By C. J. V. PETTIBONE, Ph.D., Assistant Professor of Physiological Chemistry, Medical School, University of Minnesota. 8 vo., 328 pages. Saint Louis, C. V. MOSBY COMPANY. 1917. Price, \$2.50.

This work covers chiefly the substances and processes concerned in nutrition, digestion and metabolism, other departments of physiological chemistry being very little presented. It is designed as a work of intermediate scope, not as a treatise for advanced workers or reference. In addition to its didactic portion, it presents laboratory exercises. Within its limitations, it is an instructive presentation of its subject.—JOHN B. NICHOLS.

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PERSONAL NOTES.

Dr. Wm. S. Boyd, father of Dr. C. B. Boyd, of California, and W. A. Boyd, of this city, died December 10, 1917. He was a Civil War veteran and was connected with the city post office for forty-eight years.

Dr. V. Dabney was elected President of the American Academy of Ophthalmology at the meeting in Pittsburgh, October 29-30.

Dr. J. H. De Merritt died December 18, 1917. He graduated at Georgetown Medical School in 1867.

Dr. H. H. Donnally was married December 27, 1917, to Bessie Arnold Stearnes, at Richmond, Va.

Louisa Habel, sister of Dr. G. M. Kober, died suddenly February 2, 1918. Interment at Carlisle, Pa.

Frederic May, son of the late Dr. John Frederic May, died January 14, 1918.

Mrs. Ida Neall, wife of Dr. J. H. Neall, died January 24, 1918, at Atlanta, Ga.

Dr. E. M. Schaeffer died November 30, 1917.

Dr. C. W. Stiles, P. H. S., was ordered to take charge of the health situation in the zone contiguous to Camp Hancock, Augusta, Ga., to prevent the spread of contagious and infectious diseases.

Dr. M. L. Strobel was elected President of the Women Physicians of the Southern Medical Association, at the meeting at Memphis, November 13, 1917.

Elizabeth Virginia Tobias, daughter of Dr. and Mrs. Henry W. Tobias, died December 26, 1917.

Dr. R. B. Tyler was married December 26, 1917, to Miss Ida T. Washington.

Dr. W. A. White, of St. Elizabeth Hospital, was married February 21, 1918, to Mrs. Lola P. Thurston.

Dr. Jesse Zepp died December 26, 1917.

CHANGES OF STATION OF ARMY MEDICAL OFFICERS.

Lt. S. A. Alexander ordered to Walter Reed Hospital.

Lt. J. H. Allen to Fort Oglethorpe.

Major C. L. G. Anderson to Fort Myer.

Lt. H. W. Barker to Macon, Ga.

Lt. H. A. Bishop to Camp Meade.
Lt. C. F. Bove to Fort Oglethorpe.
Lt. J. C. Brady to Camp Meade.
Capt. S. D. Breckinridge to Camp Cody, Deming, N. M.
Lt. T. S. Burgess, honorably discharged.
Lt. J. W. Burke to Fort Oglethorpe.
Lt. B. S. Burnet to Camp Devens.
Lt. J. A. Cahill to Fort Oglethorpe.
Capt. Enrico Castelli to Havana, Cuba.
Lt. C. C. Caylor to Fort Oglethorpe.
Major A. C. Christie, M. C., to New York City.
Lt. S. C. Cousins to Fort Oglethorpe.
Lt. O. C. Cox to Northwestern Dental School.
Lt. Col. S. M. De Loffre, M. C., to the Signal Corps, Wash-
ington.
Lt. J. R. Develling to Fort McPherson, Ga., Base Hospital.
Major T. M. Foley to Walter Reed Hospital.
Lt. Col. Nelson Gapen, M. C., to Signal Corps, Washington.
Capt. C. D. Haas to Fort McHenry.
Lt. R. T. Haskell to Army Medical School.
Lt. S. C. Henning to Soldiers' Home Hospital.
Capt. W. H. Huntington to Army Medical School.
Lt. C. W. Hyde to Mineola, L. I.
Lt. H. A. Johnson to Camp Pike, Little Rock, Ark.
Lt. S. C. Johnson to Walter Reed Hospital.
Major E. C. Jones, M. C., to Surgeon General's office.
Lt. J. P. Kerby to Fort Oglethorpe.
Lt. L. B. Kline to the Mayo Clinic, Rochester, Minn.
Lt. G. W. McKenzie to Hoboken, N. J.
Lt. E. B. Macon to Camp Devens, Ayer, Mass.
Lt. J. P. Madigan and Lt. P. S. Madigan to Fort Sam Houston.
Lt. G. W. Manning to Fort Oglethorpe.
Lt. Henry Mayer to Camp Jackson.
Major W. C. Moore to Lakewood, N. J.
Capt. F. P. Morgan to Camp Wheeler, Macon, Ga.
R. T. Morris to Camp Sevier, Greenville, S. C.
Capt. F. M. Munson to Rockefeller Institute.
Major H. J. Nichols, M. C., to Surgeon General's office.
Lt. W. H. Norton, discharged.
Lt. W. F. O'Donnell, ordered to Fort Oglethorpe.
Capt. T. W. O'Reilly to Fort Riley.
Capt. Earl Osterhaus to New York City.
Capt. F. D. Owsley to Camp Travis, Texas.
Lt. A. E. Pagan to Rockefeller Institute.
Lt. I. A. Pelzman to New York City.
Lt. P. S. Putski to Fort Oglethorpe.
Capt. V. B. Rensch, discharged.

Lt. E. C. Rice to Rockefeller Institute.

Major C. W. Richardson to Surgeon General's office; Otolaryngology.

Capt. W. A. Sawyer to Surgeon General's office.

Capt. H. L. Schurmeier to Fort Riley.

Major E. G. Seibert to Mineola, L. I.

Lt. M. H. Spellman to Philadelphia.

Lt. J. D. Stout to St. Louis, Mo.

Lt. E. K. Stratton to Fort Sam Houston.

Lt. J. A. Talbott to Army Medical School.

Capt. J. D. Thomas to Fort Oglethorpe.

Capt. E. D. Thompson to Camp Meade.

Lt. S. S. Thompson, discharged.

Lt. J. A. Tilton, ordered to Camp Wadsworth, Spartanburg, S. C.

Lt. G. D. Townshend to Fort Oglethorpe.

Lt. W. E. Whitson, discharged.

Major W. H. Wilmer, ordered to Mineola, L. I.

The Medical Society of the District of Columbia.

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McPherson, Dorsey Mahon,	1810 15th, n. w.
McQuillan, Francis,	314 B, s. e.
Macatee, Henry Cook,	1478 Harvard, n. w.
Machen, Francis Stanislaus,	3206 17th, n. w.
Mackall, Louis,	3044 O, n. w.
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Madigan, Patrick S., <i>A. B.</i> , <i>A. M.</i> ,	2302 Nichols av., s. e.
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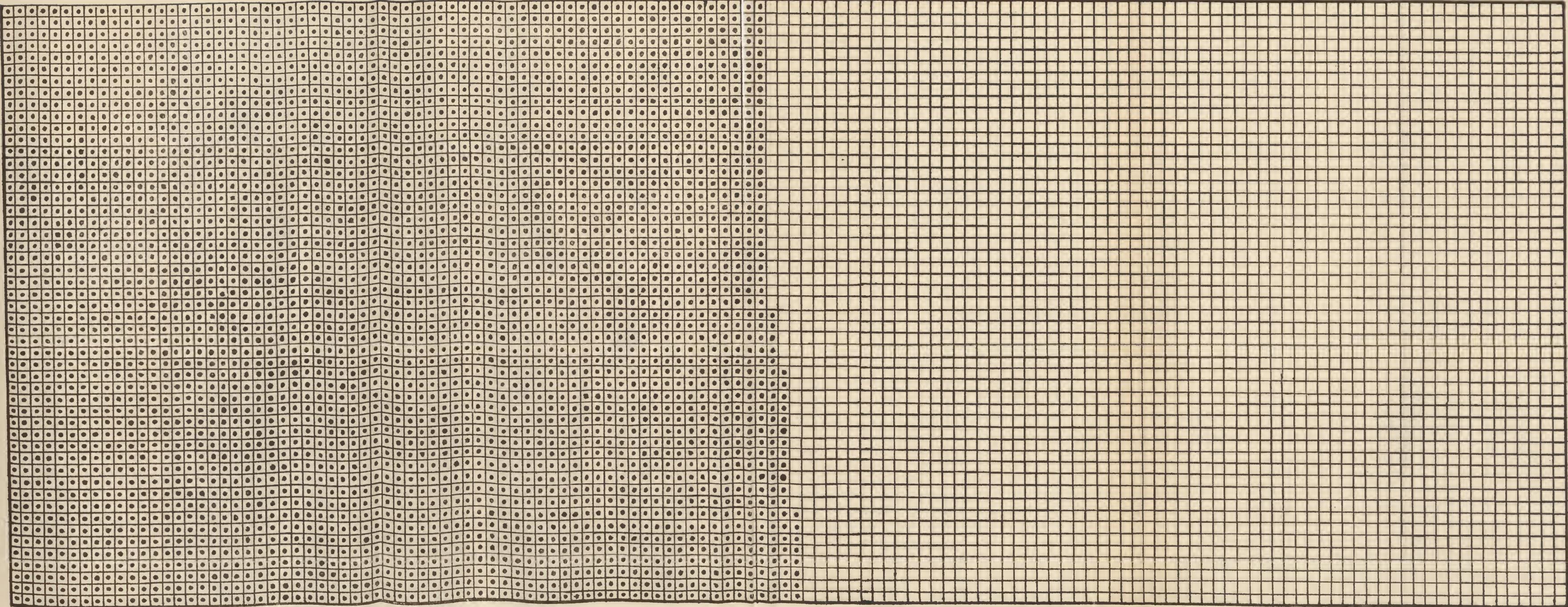
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WASHINGTON MEDICAL ANNALS

TREATMENT OF THE EYE WITH DUCTLESS GLAND PRODUCTS.*

BY S. B. MUNCASTER, M. D.

Washington, D. C.

Some of the leading physicians have been giving considerable attention during the last few years to this subject, the treatment of the eye with ductless gland products.

Many toxic substances are formed by decomposition of food and also in the process of metabolism in the tissues. We are protected against these substances by certain organs which destroy them (as the thyroid, parathyroid and liver) and by other organs which eliminate them (as the kidneys, skin and intestines). When these organs are all working well, we may get rid of these products and not be affected by them; but in old individuals it is different, as their protective and eliminative organs have more or less degenerated. Then these substances are not entirely destroyed, nor wholly eliminated. They are retained and cause the condition of auto-intoxication. Poisons not only enter the system by food, water, etc., they are taken up in the blood through any source of infection from abscess of the teeth or any other diseased condition of the system.

Dr. Baisacher, of Detroit, Michigan, has made experiments with a milk diet with dogs, after the thyroid glands have been removed, and find they can live much longer than on meat. Meat diet acts as a poison on the nervous system after the gland has been removed. He states that the reason why we, who are in possession of our thyroids, do not suffer from a meat diet, is because of the protection afforded by this gland. The surgeon removes only a portion of the thyroid gland for exophthalmic goitre and for some other diseases, caused by disease of the thyroid gland. Sajous has shown that the pituitary, the adrenals and the thyroid constitute the protective mechanism of the body against disease. Obesity frequently occurs after infectious diseases, on

* Read before the Medical Society April 3, 1913.

the basis of degenerative changes of the thyroid, which governs oxidation during the course of infectious disease with fever; increased activity of the thyroid, and loss of weight occurs, and these are followed by exhaustion of thyroid, and obesity follows.

Adrenals are in intimate relation with the principal nerves that regulate the heart, the sympathetic, and the vagus. According to Dunn deficiency of secretion of the thyroid gland, on account of congenital or acquired absence of the latter, leads to thyroedema, acquired by hypothyroidism and causing certain forms of cyclitis, especially that occurring in interstitial keratitis due to hereditary syphilis.

Disease of the eyes develops not only as a result of local origin, but also in consequence of physiological processes taking place in them. An example is the inflammation of the optic nerve which sometimes occur in cases of pregnancy, or lactation, without there being any other disease of the body. In stubborn cases of iritis, ductless gland products will improve the patient if hypothyroidism is an indirect cause of iritis.

Dr. Risley used thyroid substance in the treatment of interstitial keratitis where there is lowered metabolism. He argues that the drug does good in improving the thyroid gland whose secretion has been diminished by a general lowered vitality. Dr. Risley also states that research has shown the signal importance of not only the thyroid but other ductless glands in maintaining the metabolism. If these glands have suffered impairment in common with other parts of the general organism, it is not reasonable to expect that any definite localized disease or the general disorder can be removed unless remedial measures are used until their important functions have been restored. In this view I believe we have the explanation of the speedy recovery of these patients under the administration of the thyroid gland. Dr. De Schweinitz reported a case of pituitary disease where complete blindness lasted twelve days in the right eye and six weeks in the left. Complete cure was made with thyroid associated with inunction of mercury. Dr. De Schweinitz has reported a number of diseases of the eye relieved by treatment with internal secretions.

Dr. R. S. Lamb states in a paper on the Internal Secretion of the Secretary System and the eye—that in the internal secretory imbalance there may be esophoria or exophoria, depending on whether the dominating secretions are stimulating the vagus, or the sympathetic. Dr. Jones believes that atrophies of the optic nerve and other diseases in the eyes are induced by deficiency, or disorders of the ductless glands.

Crile has proven the theory of the kinetic drive, where primitive instincts of fear, self-preservation, or the battle of life, cause increase in internal secretions, but too long continued the organs become totally exhausted.

Dr. Reber states that by the use of thyroid and pituitary jointly with the administration of glands, the results were short of marvelous in treatment of diseases of the eye. Dr. A. B. Bennett states that "I have found the administration of the internal glands very efficient in cases of Vaso-Motor disturbances of the nose, sometimes called Hyperaesthetic Rhinitis."

These cases present symptoms of frequent sneezing attacks with sudden occlusion of the nose and copious serous discharge. In such conditions the tonic effect of the internal secretion brings about relief quicker than treatment that I have used, and I believe it is the rational treatment.

That the field of vision and color fields have been improved and reestablished by treatment with thyroid and pituitary body has been proven by a number of our best physicians who practice on the diseases of the eyes.

Internal secretions are independent; they help each other in activity of the glands. It has been proven that the thyroid exerts a pacific influence on the nonductless glands like the adrenals, pituitary ovaries, the testicle and other organs, and these have an influence over the thyroid. Although they assist to control the system, yet some act in opposition. The secretions of the adrenals constrict the capillary circulation, raising blood pressure and restraining digestion and cerebration, while the thyroid acts in the reverse way. Pituitary reinforces the thyroid in many ways by acting as a check.

"New York, Feb. 8.—'Hyperthyroidism,' a strange malady which produces anxiety and fear and ultimately affects the heart so seriously that a recruit has to be sent home utterly broken in health, has developed among the soldiers at Camp Upton, according to Dr. Harlow Brooks, chief of the medical service at the camp. The statement was made during a lecture before the New York Academy of Medicine.

"The disease, according to Dr. Brooks, for several years has baffled the skill of surgeons in the British army. Many of the men in the British service, he said, have been seized with acute melancholia, and not a few have deserted or committed suicide. Among American recruits, however, the effects of the disease have been entirely different.

"'We have not found,' said Dr. Brooks, 'that hyperthyroidism is a cause of suicide among soldiers in America, nor have we found that the recruits who suffer from it are seized with melancholia or broodings and want to go home or desert, as in the British army. We have found at Camp Upton that the recruit who becomes afflicted with the malady most generally is one who was wildly enthusiastic to join the army. The disease usually takes hold on a soldier who is intently bent upon his work—a young man of talent and determination who is ambitious to earn

a higher commission and who overworks himself because he wants to stay in the army instead of desiring to get out of it.'"

A letter was written to Dr. Harlow Brooks wanting to know if he had any experience with ductless gland treatment with hyperthyroidism. He answered that "I have used thyroid in my cases of hyperthyroidism only as a diagnostic factor; it causes a very marked accentuation of symptoms, and usually quite promptly, so that I have not been able to study its effects on the eye in these cases in any more than a superficial way. You will always get good results with thyroid treatment of hypothyroidism."

In 1912 I wrote an article in the *Ophthalmic Record* on thyroid with arsenic and its associated internal secretions in diseases of the eyes. I prescribed a tablet containing thyroid gland substance one grain, adrenals one-sixtieth grain, and soda cacodylate one two-hundredth grain, with a number of patients who had retinitis pigmentosa, and choroiditis where there were deposits of pigment, with beneficial effect; also in a cretin patient. These patients, whom I treated in 1912, most of them, have improved not only as to their eyes but their general health. One lady, a school teacher who had retinitis pigmentosa, was about to resign from her position; her eyes improved so much that she is still teaching and has very little trouble. I have noticed the inflamed tissue around the pigment spots in old choroiditis clear up and a number of the spots disappear to a great degree under the ductless gland treatment.

The cretin who was treated in 1912 still comes for her eyes. When she first came she was a stupid young girl, now she is the brightest of three children. I have never seen such a change in any other patient as in this girl during the last five years, both in intellect and general appearance.

While thyroid in large doses is one of the greatest agents to reduce fat, it is objectionable on account of the depressing effect on the system; but when given in small quantities associated with other ductless gland products, that objection is overcome.

A patient with alexia came to see me three years ago. She had complete loss of words. This lady was about 28 years old and was an expert stenographer. She was paralyzed in the left side. After treatment for six months by several physicians the paralysis improved but the trouble with the muscles of the eye lasted under the best treatment for eighteen months. This lady had to be educated just like a child; she had to be taught each letter. In three years she went back to work at her office. This lady was kept on the ductless gland treatment and with iodide of potassium and massage. I would recommend for any child who has alexia small doses of the combination of thyroid substance, pituitary body, pancreatine and soda cacodylate. The memory will not only be improved but the general condition of the patient.

The reason a number of physicians have failed to get good results from the ductless glands is that they do not get fresh gland products. After about two years the life of the glands is destroyed, even under the best conditions. Some of the gland products, if exposed, will be destroyed in three months. A number of druggists, not knowing the best method of keeping the medicine, will be apt to fill a prescription with ductless gland products that will not have any value to the system. I have made arrangements with the Thompson Pharmacy, on Fifteenth Street, to keep a fresh supply of tablets called Tab. Thyrody, which is compounded by a chemist named Alexander Seidler, who has charge of the Perron Laboratory in Newark, New Jersey.

They compound a number of ductless gland tablets. The one with which I have had the best success is the Tab. Thyrody, composed of thyroid substance one grain, pituitary body one-third grain, pancreatin one-eighth grain, sodium cacodylate one two-hundredth grain, Sac. Lactis one grain, and Tragacanth one-eighth grain.

My results have been much better in prescribing thyroid substance instead of thyroid extract. Thyroid substance is one-fifth the strength of the extract.

The pancreatin prevents the other ductless gland ingredients from having any bad effect on the stomach. I have noticed an improvement in a number of patients with the Tab. Thyrody and other ductless gland products in diseases of the eye, alexia, tinnitus and general health during the past six years.

I will continue to make investigations on this subject.

Dr. R. S. Lamb was glad that this subject had been brought before the Society for discussion; it was a very important one from the general medical standpoint as well as from the oculist's point of view. Much time has been spent in thinking of the effects of monoglandular hypersecretions; but it is more and more becoming clear that most of our cases are due to pluriglandular malfunction, and the clinical states seen by us are the resultants of the augmented or opposed action of two or more glands.

Basedow's disease has long been discussed with reference to the eye changes; but only recently de Schweinitz stated that hemianopsia and other changes may be due to pituitary disorders. And evidence accumulates (and should be accumulated by all studious physicians) concerning other associations of endocrine dyscrasia and ocular changes. Unless such observations are made we shall not be able to prescribe these gland extracts intelligently; we may not only do no good with them, but may do harm. For instance, Miles Standish has found that too vigorous thyroid medication may give rise to optic atrophy and retinitis. He had himself long contended that the administration of thyroid extract in doses of 5 grains was dangerous.

It seems that we might expect to find the first effects of a hypersecreting thyroid in the eye; there are two types of reaction, the widely dilated pupil of the sympatheticotonic type, and the less marked dilation in the vagotonic type. In these eyes with dilated pupils chorio-retinitis is apt to be found. Is this due to the action of light? There will also be found ciliary congestion, particularly in the vagotonic type. More advanced cases present the more familiar signs of Graves' disease. We should not overlook the eye disturbances of hypothyroidism; this is especially seen in the heavy, myxedematous lower lids of women about 45 years of age, a condition easily controlled by small doses of thyroid extract. Dr. Muncaster had spoken of the effect of gland dyscrasias on muscle imbalance: in vagotomy there is a 3d nerve weakness, and unless something is done to relieve the gland dyscrasia, prisms will not help the condition.

Extreme care is necessary in considering medication in these cases. He cited the case of a young girl in whom a brain tumor was suspected: there was no vision in one eye; 20/50 in the other; there was vomiting, somnolence, and depression of the intellectual plane to that of the lower animals. The Wassermann reaction was negative; the x-ray plate showed marking suggestive of a brain tumor. Kidney function normal. There were no signs of hemianopsia, although there was not enough vision to elicit the condition. She was 15 years old, 5 feet 10 inches tall, and weighed 150 pounds. Medication with posterior pituitary substance and luetin brought about very rapid improvement; in six or eight weeks she was taking interest in all of the things interesting to a girl of her age, and in three months she was well. This one case was sufficient to prove that the only way to reach conclusions in such cases is by a most careful approach.

Dr. E. H. Reede said with regard to thyroid medication, that fundamentally the thyroid function is to control nitrogen metabolism and whether good results are to be obtained by giving thyroid substance or extract or alpha-iodin will depend upon whether the nitrogen metabolism is disturbed and which way. Kendall's work in producing artificial disturbances of nitrogen metabolism in thyroidectomized dogs by giving them amino-acids and alpha-iodin, showed that they behaved in variable ways. They did not all develop hyperthyroid symptoms. Some merely became stupid, their metabolism slowed down, and they died. It was thus shown that there is some other factor at work; and this was found to be the adrenal cortex. The breaking down of the amino-acids depends upon the correct functioning of the adrenal cortex, so that the thyroid may act very differently, depending upon the action of the adrenal cortex.

Dr. C. R. Dufour was glad to hear the paper and discussion. Taking the eye as a compound tissue, it is a part of the whole

body and similarly influenced by all the physiological processes. We know that the eye is influenced by the ductless gland activities, but just how we cannot always tell, and thus we cannot always tell what we may expect in therapy. As there are effects both from hypo- and hypersecretion, and as they are opposite in character, we should proceed with the utmost caution in our therapeutic efforts.

Dr. J. R. Verbrycke expressed doubt that the thyroid would act directly so as to produce both vagotonic and sympatheticotonic states.

Dr. Muncaster used the treatment mostly in myxedematous conditions, and with very good results. Of course, when hyperthyroid symptoms arise, the treatment must be stopped, but even so it is then of good diagnostic value. In the hypothyroid cases, thyroid substance uniformly does good. His success was due to the use of very small doses.

CASE OF CYST OF FEMUR.*

By J. A. GANNON, M. D.,
Washington, D. C.

The specimen is a section of femur at junction of upper and middle thirds. From a colored man, age 65, who was admitted to the Washington Asylum Hospital with extensive gangrene of right foot; arterio-sclerosis and endarteritis as predisposing causes, and exposure to cold as the exciting cause. Examination showed besides the gangrene, an enlargement of the femur where, as he stated, there had been a fracture seven years ago. Dr. Gannon amputated the gangrenous limb by sawing through the enlargement of the thigh, and divided exactly in half, what proved to be the cyst. It contained about a half ounce of straw colored fluid and a thick connective tissue membrane which was readily peeled from the surrounding bone. The membrane was removed from the proximal portion of the bone and the stump was sutured in the usual manner. [Dr. Gannon presented two x-ray photographs.]

The history of bone cysts dates from a description in 1887 of a cyst of the upper part of the humerus by Virchow. It occurred in a woman 56 years old, and was ascribed by Virchow to degeneration of a chondroma. Thereafter it was supposed that all bone cysts were due to this cause until, in 1901, Beck, in America, described two cysts of the tibia due to trauma. In the German Clinical Congress a year later it became evident that it is impossible to class all bone cysts as having the same origin.

* Reported to the Medical Society March 6, 1918.

Cysts occur in many long bones as well as, more rarely, in the skull and small bones. They may be single or multiple; simple or surrounded by an area of diseased bone, the latter often showing the conditions usually described as *osteitis fibrosa*. They may occur in other conditions, such as Paget's disease, osteomalacia and osteoarthritis. They may result from the breaking down of true sarcomatous growths and they have been found in the callus at the seat of fracture. The investigation of true cysts is therefore a complex undertaking involving a review of a large part of the pathology of bones.

Bloodgood, in 1910, was able to collect only 89 cases in all the literature of the world. Of these, 69 had no definite connective tissue lining and 20 had a lining which could be peeled from the bony shell. "Microscopically it is identical with the fibrous tissue between the bone lamellae in the bone shell of the first variety." He disagrees with the theory of trauma, and says that where cysts are found after fracture, the fracture was due to the rarefying action of the cyst on the surrounding bony walls. He says that he has never seen a sarcoma for the first time after two years from the date it commenced to show symptoms, because the pain is marked and the patient early seeks advice. Metastases occur early and death is liable to occur within two years. Bone cysts are insidious in their development, and the patient usually waits more than two years before reporting to a surgeon for relief. The growth is slow and the pain moderate or absent. Fifty per cent of his cases occurred between 10 and 20 years of age and only 4 of the 89 cases collected were over 40 years old.

As to the etiology Dr. Gannon had been able to find four theories advanced: First, that of Von Recklinghausen, who explains the disease on a basis of a mechanical process perhaps, following trauma, and he is sustained in this by Pfeiffer, who points out that the disease is found most often in those bones or parts of bones which sustain the brunt in the greatest activity in life, through pull, weight or pressure.

The second theory attributes the cysts to infectious organisms that have been found in the cyst cavities.

The third theory is that of Boist, who believes that the mechanical theory is not sufficient to explain the development of *osteitis fibrosa cystica* in all its forms. He would rather believe that the causes are various, viz: toxic, metabolic, traumatic, infectious or some form of abnormal internal secretory change.

The fourth theory is that of Edward Rehis, who holds that the disease occurs not in those bones that through pull or weight or pressure are the most used, but in those bones or parts of bones which are most involved in growth. This author considers osteitis fibrosa and the snuffle disease of hogs identical, and believes both of them to be an overdevelopment of a physiological

process. He states that osteitis fibrosa is not an entity, but a phase of dystrophy found in callus, rickets, osteomalacia, sarcoma, senile osteoporosis, Barlow's disease, etc., and that therefore the disease should be known as osteo-dystrophy malacia scorbutica, deformans, cystica; and the last disease, which is identical with osteo-fibrosa, should be divided into two groups, osteo-dystrophy deformans infantilis and osteo-dystrophy deformans senilis. Snuffle disease of swine belongs to the first group.

Pathology: Cysts occur chiefly at the metaphysis of long bones, causing them to become fragile, porous and easily bent. There is a proliferation of osteoid tissue in the formation of newly formed small lamellae of bone with a spongy absorption brought about through the agency of the osteoclasts. The tissues surrounding the islets of bone are rich in round, osteoblastic, characteristic, cell elements, at the outskirts of which may be found a number of osteoclastic cells. Between these islets, which give the tissue the appearance of a giant cell sarcoma, a number of spindle shaped fibrous tissue elements are found. Numerous blood-vessels are scattered throughout the tissue and here and there recent hemorrhage may be observed. The periosteum is rich in osteoblastic elements, but is otherwise normal.

Symptoms: These are a very gradual and increasing loss of normal function, extending over a period of years. Pain is not pronounced until the part involved has first felt the discomfort incident to the loss of function. In the beginning it is referred to as aching, soreness, stiffness or neuralgia. After unusual or excessive use the bone is quite painful, until given a period of rest. The cause is chronic, and pathological fractures are common.

The treatment is surgical and consists of curettement when possible and, in more advanced cases, resection of a local portion of bone.

Dr. A. B. Hooe said that this specimen was the second of this variety ever shown to this Society; the other case was that of a child treated at the Walter Reed Hospital. J. B. Murphy wrote rather fully on this subject; his theory was that cysts of this type are always due to infection. Dr. Murphy reported a case of this kind to the Virginia Medical Society, and showed the patient; a child with a gingival infection to which the cyst was attributed, as was also an appendicitis which developed later.

Dr. John M. Ladd spoke of allied conditions, such as dentigerous cysts. The variety represented by Dr. Gannon's specimen probably was due to a retrograde process. Dr. Ladd inclined to the idea of a fibrosis as the basis of the condition.

Dr. Gannon, in closing, said that it was a familiar maneuver to gain a reputation by talking learnedly of conditions about which one's auditors know nothing; he did not propose to try to get a reputation as a surgeon in that way.

CASE OF ANEURISM OF THE ASCENDING AORTA,
INVOLVING THE INNOMINATE AND THE PROX-
IMAL PORTIONS OF THE RIGHT SUBCLAVIAN
AND COMMON CAROTID.*

BY COURSEN B. CONKLIN, B. S., M. D.,

Washington, D. C.

Aneurism involving the innominate is comparatively rare. It is not mentioned at all in Crisp's statistics, given in Hirschfelder's Diseases of the Heart, 1913, page 620. Early thoracic aneurism is often mistaken for other conditions. Such was true in this case. Probably this would suggest a further reason for reporting cases of aneurism.

The patient, age 50, male, nativity Germany, married; was employed as a stationary engineer. Nothing of any importance in family history except that an only brother died in infancy.

Previous Personal History.—Had gonorrhoea at eighteen, denies any other venereal history; always a heavy eater; drinks from two to three bottles of beer and several cups of coffee each day; a moderate indulger in tobacco; usual weight 228; weight now (July 18, 1917) about 140.

Present Illness.—In May, 1915, noticed that fingers of right hand felt cold and numb, also suffered with pain in chest. A doctor was consulted, who said that he was suffering from "rheumatism of the heart." A swelling soon developed under right clavicle which, another doctor said was a "cancer," and gave him numerous hypodermics of morphine to allay the intense pain. Shortness of breath developed and in the winter of 1916 he was sent to a hospital where he remained a short time; condition showed no improvement, tumor increased in size and there was some dysphagia. In July, 1917, was sent to George Washington University Hospital by Dr. W. P. Wood, of this city, who had made the diagnosis of aneurism. The patient entered the hospital on my service and was under my observation until his death, November 19, 1917. His condition grew progressively worse; dysphagia, dyspnoea and pain were marked; dyspnoea resulted in apnoea, causing death.

Physical Examination.—July 18 and 19, 1917. Height 5 feet 4½ inches, weight 135 pounds. Expression worried, slight exophthalmos; anisocoria, right pupil being somewhat larger than left; mucous membranes show slight cyanosis; skin of face tanned, forearms freckled; lower limbs show a few pitted scars; on left arm above elbow, swellings probably due to hypodermic injections. Bulging over left side of chest corresponding to

*Reported to the Medical Society February 13, 1918.

praecordium; apex beat diffuse and extends to anterior axillary line; whole praecordium pulsates with each heart beat. Palpation confirms inspection; there are no thrills. Percussion locates apex about 23 cm. from midsternal line in the sixth interspace; right border of heart not accurately located, but it certainly does not extend beyond sternum to right; upper border found in third interspace to left of sternal line.

Auscultation.—First sound of heart has a fairly good muscular element; second pulmonic greater than second aortic, no murmurs; pulse 100 in both wrists; over tumor mass upper right chest extending from midway of clavicle to sterno-clavicular joint and from level of thyroid cartilage to second rib, and corresponding in size to a good sized grape fruit, there is no murmur heard, but heart sounds are clearly transmitted; expansile pulsation noted over mass.

Inspection of upper air passages shows nasal fossae to be patulous, with the pharynx in a condition of chronic inflammation; the thyroid cartilage with larynx is pushed well over to left; on October 16 Dr. Pole was unable to examine the vocal cords or the intralaryngeal condition owing to the distortion of the structures.

Inspection of the Chest.—Thorax well formed, wide costal angle; thoracic breathing; around lower chest corresponding to diaphragmatic attachment, marked retraction of intercostal muscles with each inspiration. Palpation: Tactile fremitus practically absent over entire right chest anteriorly and posteriorly. Percussion not satisfactory owing to extreme tenderness over right chest, but there appears to be marked diminution of pulmonary resonance. Auscultation: Breath sounds over upper right chest distant; over upper left chest distinctly tubular. Voice sounds absent over upper right chest; increased, upper left; no adventitious sounds.

Laboratory Notes.—Triple plus Wassermann, September 26, 1917.

Clinical Diagnosis.—Thoracic aneurism involving the innominate.

The treatment was: Rest in bed, diarsenal, morphine sulphate and such opiates as deodorized tincture of opium and codeine; ice bag over tumor mass; liquid diet on account of dysphagia.

Necropsy Report.—Rigor mortis incomplete; tumor mass much smaller than during life; thorax opened in the usual manner, revealing a soft, baggy tumor extending well up under right clavicle which was eroded at its sternal junction; heart dislocated downwards and to the left; upper lobe of right lung atelectatic; there was much difficulty experienced in freeing sac from adhesive surfaces posteriorly and eroded sternum and clavicle; sac was found to involve ascending aorta, innominate, and proximal

portions of the right common carotid and subclavian; left common carotid from constant pressure was found much reduced in size; the sac was torn in the process of removing it with the heart; the content was clotted blood; some of the clots were apparently antemortem; a critical examination of the interior of the sac showed the right pulmonary artery reduced to about one-sixth the normal size, scarcely admitting a straw; the interior of the heart showed no gross valvular defects and very little hypertrophy.

Comment.—Concerning the dilated pupil which is found in 40 per cent of the cases of thoracic aneurism, it is well to remember that the dilator fibers of the pupil leave the cord at the lower cervical and upper dorsal regions to reach the sympathetic chain in the neck. Moderate pressure it will be seen would cause dilatation from the stimulation. A pupil reacting to light with an attendant inequality is of considerable significance because another concomitant of syphilis, tabes, may be excluded.

Seventy-five per cent of all aneurisms between the ages of 35 and 50 are syphilitic.

A systolic bruit, which was absent over the tumor in this case, is not of the diagnostic importance formerly given to it by various writers.

It is interesting to note that the prognosis so far as rupture is concerned is better in large aneurisms than in small.

Dr. O. B. Hunter regarded the specimen as in many respects a prize specimen. The involvement of the innominate was the rare feature of this aneurysm. It showed two points worthy of consideration: (1) On the right, proximate to the opening of the innominate, there was a ring-like formation showing where the vessel wall originally gave way; histologically there was in this region a loss of elastic tissue fibers and at places loss of the media. (2) The fascias of the neck had been utilized for supporting the wall of unbroken intima. The innominate artery was completely lost in the aneurysmal sac.

THE EARLY DIAGNOSIS AND TREATMENT OF SYPHILIS OF THE CENTRAL NERVOUS SYSTEM. AUTHOR'S ABSTRACT.*

BY JOHN E. LIND, M. D.,

Saint Elizabeth's Hospital.

This subject has taken on a new aspect since the war has practically cut off our supply of German-made remedies. An early diagnosis affects so tremendously the prognosis that we may be excused for running over again a well-known subject. Syphilis,

*Read before the Medical Society February 20, 1918.

Col. Reasoner has shown, is much more frequent than usually believed and a small but constant per cent. of these cases develop the nervous form. The extremes of time after infection when nervous involvement may occur vary from two months to fifty years. The general practitioner should regard every nervous case as possibly syphilitic and every syphilitic as a potential case of nervous syphilis. Syphilis of the central nervous system rarely presents a well-defined clinical picture. The early symptoms are often overlooked or the real cause not suspected: Headache, irritability, depression, restlessness, insomnia, etc. A history of infection is often impossible to obtain.

The early neurological signs are many, and a complete neurological examination lengthy and exacting, but a brief examination can be made by the physician in his office which will usually uncover something. There are often slight but suspicious physical symptoms. The most common early symptom is headache; other symptoms are vertigo, insomnia, epileptiform seizures and paresthesias. The pupils are extremely important and in doubtful cases a complete ophthalmological examination should be made; in ordinary practice, however, much can be elicited by a brief routine examination. The gait is significant and varies in the different forms. Next the chief reflexes should be examined, especially the knee jerk, which is the easiest to examine and which is frequently quite informative. The presence and kind of tremors, if any, should be noted. More important usually and more decisive than the physical examination are the laboratory tests. A positive Wassermann reaction in the blood tells us that the individual has at one time been infected by syphilis, but that is all. The spinal fluid, with its "four reactions," tells us more.

Syphilis of the nervous system produces no symptoms or combination of symptoms which cannot be produced by other causes. Still there are syndromes, more or less definite, each with its characteristic early symptoms. Thus in the *vascular form of cerebral syphilis* we have vertigo, insomnia, changes in disposition and impairment of memory. In *syphilitic meningitis of the base* we also get headache, accompanied by great pain deep in the eye, vomiting, vertigo and persistent picking of the nose, Lafora's sign. *Meningomyelitis* may have for its prodromata, stiffness and a "tired feeling" in the back, a "drawing in the limbs" or "rheumatic pains" in the arms; next the legs begin to feel weak and a myelitic picture unfolds itself. In *syphilis of the spinal cord* there is a three-fold picture: sensory symptoms, paresthesia, stiffness and sensitiveness to movement; motor symptoms, twitchings and spasmodic movements of the toes, feet and legs, alternating with weakness; and sphincter symptoms, retention of the feces and urine. In *tabes dorsalis* the early symptoms in the order of their frequency are lightning pains, diminished or absent

knee-jerks, pupillary anomalies and visceral crises. In *cerebral lues* we have headache, chronic or periodical vertigo, epileptiform attacks and transient mono- or hemi-plegias. In *syphilis of the peripheral nerves* the early symptoms are paresthesias and pain. In *general paresis* we have an extensive list of early symptoms; but, speaking generally, it may be said that marked alteration in habits or conduct is the most significant sign. Romberg's sign, speech defects, disturbance of knee-jerk and Argyll-Robertson pupil may all be present. The blood is always positive and the spinal fluid very early shows characteristic signs.

No amount of treatment in the primary or secondary stages of syphilis will make nervous syphilis impossible, but nevertheless intensive treatment should be given. In the actual treatment of the nervous form the condition of the patient is the criterion and not any therapeutic theory or set of rules. We are at present justified in a fairly optimistic attitude in nervous syphilis, provided always we are able to make an early diagnosis and give thorough treatment. Cures, even of paresis, are on record.

There are fourteen main methods of treatment: 1. Mercury by mouth. 2. Iodides by mouth. 3. Arsenic by mouth. 4. Mercury intramuscularly. 5. Arsenic intramuscularly. 6. Sodium nucleinate intramuscularly. 7. Mercury intravenously. 8. Mercurialized serum intravenously. 9. Arsenic intravenously. 10. Iodides intravenously. 11. Salvarsanized serum intraspinally. 12. Mercurialized serum intraspinally. 13. Mercurialized serum intradurally. 14. Salvarsanized serum intradurally.

While the use of mercury should never be neglected, the best results seem to have been obtained by the persistent intravenous injection of some arsenical preparation. The intraspinal injection of salvarsanized or mercurialized serum (the Swift-Ellis and Byrnes' methods) is still on trial. It has given some brilliant successes and some failures. The opinion of those who have used it extensively is that, in suitable cases, it offers the best weapon for combating nervous syphilis. Its use should always be regulated by careful observation of the patient from three angles: his clinical behavior, his physical condition, and his laboratory signs.

Dr. W. H. Hough said that the eye symptoms are very important and for this reason it is important to refer patients in whom cerebro-spinal lues is suspected to a competent ophthalmologist for examination; so many of the very early symptoms are only to be found in the eye grounds. As to treatment, one could only speak vaguely of this in a short discussion. It is necessary to differentiate cases in a given group, besides the differentiation between tertiary nervous syphilis and the tabes-paresis group. In tertiary cases, we may have to deal with (1) the inflammatory group, subdivided into (a) vascular involvements, (b) gumma

formation, and (c) non-gummatous cases, such as the meningo-encephalitis type; and (2) the non-inflammatory group, characterized by changes in the cellular elements. In the inflammatory cases, the best plan of treatment is probably intensive intravenous salvarsan medication, and in resistant cases, the Swift-Ellis mode of treatment. In tabes and paresis one may as well begin with the Swift-Ellis treatment. He recommended a study of For-dyce's recent article on this subject. He had been trying to treat vigorously all of the paretics coming under his notice; he had been able to arrest the disease in 5 cases out of 49. Of tabes he had had 360 cases and of tertiary syphilis, 90; good results had been obtained in some, no result in others. As to the safety of the methods, the intraspinal mode of treatment is safer than the intravenous, if there be any difference at all.

Dr. W. P. Carr had listened to the paper with interest and profit. He had been brought to his feet by the pessimistic tone of Dr. Hough's remarks; as he had understood him, Dr. Hough said that in cerebral syphilis, damage had been done to the brain and nothing could repair that damage. Dr. Carr wished to take issue with this statement because of his observations of the great restoration of function possible after the most destructive lesions of a surgical nature. He thought that neurologists have been too much inclined to give the cases up as hopeless; if they would persist in treatment they might get better results. He cited a case of epilepsy in which he had turned up a cranioplastic flap in the hope of relieving the condition. He found a softened area of brain in the parietal region which sloughed out; the belated Wassermann test was double plus. Vigorous treatment completely cured this patient.

Dr. C. A. Simpson, Jr., inquired about the present ideas concerning the permeability of the choroid plexus. There had been advanced recently evidence to show that the choroid plexus is easily permeated by antisiphilic drugs and that the intravenous route of medication is quite as useful as the intrathecal. He cited some unfortunate results in his experience from the use of the Swift-Ellis technic; there had been one fatality.

Dr. H. H. Hazen said as to the value of neurological examination of luetics that if such examinations were possible in all cases, it would probably be demonstrated that syphilis has been the most badly treated of all diseases. One responsible for these patients must be prepared to watch the heart and aorta, the eye, and the central nervous system, and the vigilance should include the reflexes. Some of these patients are Wassermann free, but the reaction can still be found in the spinal fluid. It seems that many patients who have had very slight skin symptoms are apt to develop syphilis of the central nervous system.

Dr. Lind agreed with Dr. Hough as to the value of careful ophthalmological study. As to the permeability of the choroid plexus, the whole intrathecal idea is based on its supposed impermeability. There is evidence, indeed, that some arsenic does go through the plexus; but the answer to this argument against intrathecal medication is that salvarsanized serum seems to act better in some cases than salvarsan arriving indirectly from the blood stream. We ought to direct our efforts to devising some new compound which will pass through choroid plexus in full potency. With regard to Dr. Carr's remarks, it must be remembered that the lesions in brain syphilis are so general and the elements are so replaced by fibrous tissue that complete restoration of function is out of the question. The brain does recuperate in the most surprising degree from gross lesions of a local character, as from accident; but it is not so in the general destruction of lues.

CHARLES LAMB AND HIS MELANCHOLIA.*

By D. S. LAMB, A. M., M. D., LL. D.,

Washington, D. C.

As a preliminary I would say that so far as I know, I am not related to Charles Lamb, but because of the name have always been interested in him. The historical part of this paper is based on the biography by Talfourd; and the alienistic side is almost entirely from a symposium in which Dr. D. G. Kiernan, of Guiteau trial celebrity, took the prominent part.†

The works of Charles Lamb comprise writings in both prose and verse; album verses, blank verse and translations. His prose compositions include the famous "Essays" and "Last Essays of Elia;" "Table Talk;" "Rosamund Gray," a novelette; and two dramas. He also made a translation of "The Adventures of Ulysses."

He wrote a comic opera, the manuscript of which is in the British Museum, and which, it is said, he had no intention of publishing.

His sister and he together wrote "Mrs. Leicester's School," to which Charles contributed three stories. They also wrote "Tales from Shakespeare," to which Charles contributed six of the twenty-one. And they also wrote "Poetry for Children."

His fame rests on the "Essays of Elia." The original Elia was a clerk in the South Sea House, and after his death, Charles adopted the word as pseudonym. The essays are unique in the

* Read before the Medical Society February 27, 1918.

† See *Alienist and Neurologist*, 1897, xviii 359-396.

qualities of grace, quaintness, and a certain tenderness of humor, a smile on the lip and a tear in the eye. The author is reflected in them with all his whims, his wit, his poetic instinct, his charity and his odd ways. His curious reading, nice observation and poetical conception found here a genial and befitting field. Talfourd, his biographer and editor, says, "They are all carefully elaborated, but never were works written in a higher defiance to the conventional pomp of style. A sly hit, a happy pun, a humorous combination, lets the light into the intricacies of the subject and supplies the place of ponderous sentences. Seeking his materials also for the most part in the common paths of life, often in the humblest, he gives an importance to everything, and sheds a grace over all." He ranks as an essayist with Addison, Steele and Temple, inferior to neither. He ranks high, also, as a critic. His essay on the "Genius of Hogarth" is considered by many to be the finest critical paper in the language.

A warm admiration for the Elizabethan dramatists led him to imitate their style and manner in his "John Woodvil," a tragedy. While this contains much that is exquisite in the sentiment and expression, the general opinion is that the plot is too meager and the style appears affected.

One writer says of him, "He had a unique genius. Just like nothing that has ever appeared before or since, are the quaint and delightful 'Essays of Elia;' they are natural and idiomatic in style, and often incisive and amusing. They have the abandon of easy and free conversation."

Coleridge says: "The place which Lamb holds and will continue to hold in English literature seems less liable to interruption than that of any other writer of our day." He "writes the best, the purest, and most genuine English of any man living. His prose is absolutely perfect."

About six years before his death, Lamb wrote his own biography, as follows:

"Charles Lamb, born in the Inner Temple, 10th February, 1775; educated in Christ's Hospital; afterwards a clerk in the accountant's office East India House; pensioned off from that service, 1825, after 33 years' service: is now a gentleman at large. Below the middle stature; cast of face slightly Jewish, with no Judaic tinge in his complexional religion; stammers abominably, and is therefore more apt to discharge his occasional conversation in a quaint aphorism or a poor quibble than in set and edifying speeches; has consequently been libelled as a person always aiming at wit, which, as he told a dull fellow that charged him with it, is at least as good as aiming at dullness. A small eater, but not drinker; confesses a partiality for the production of the juniper berry; was a fierce smoker of tobacco, but may be resembled to a volcano burnt out, emitting only now and then a casual puff. Has

been guilty of obtruding upon the public a tale in prose called 'Rosamund Gray,' a dramatic sketch named 'John Woodvil,' a 'Farewell Ode to Tobacco,' with sundry other poems and light prose matter, collected in two slight crown octavos, and pompously christened his works, though in fact they were his recreations, and his true works may be found on the shelves of Leadenhall street, filling some hundred folios. He is also the true Elia, whose essays are extant in a little volume published a year or two since, and rather better known from that name without a meaning than from anything he has done, or can hope to do, in his own. He was also the first to draw the public attention to the old English dramatists, in a work called 'Specimens of English Dramatists who lived about the time of Shakespeare,' published about fifteen years since. In short, all his merits and demerits to set forth would take to the end of Mr. Upcott's book, and then not be told truly. He died, blank date, much lamented. Witness his hand. CHARLES LAMB."

It is necessary to amplify somewhat his meager statements. He had a brother, John, and sister, Mary; the former 12, and the latter 10 years older than himself. John married, but Mary and Charles remained single.

He was at Christ's Hospital, a school for boys, from his 7th to his 15th year; Coleridge, Leigh Hunt and some others who afterwards became eminent, were his schoolfellows. In his "Recollections of Christ's Hospital" and "Christ's Hospital 35 years ago," he tells us that he had some advantages there, over most of the other boys. His friends lived in town and he could go see them as often as he wished. He had his tea and hot rolls in the morning, while other boys had a quarter of a penny loaf and some small beer. Bread and butter enriched his Monday's milk porridge and Saturday's pea soup. Sugar, ginger or cinnamon gave for him a sapidity to Wednesday's mess of mullet. Hot roast veal on Tuesdays and Fridays made life worth living. It was either the maid or Aunt Hetty who brought these good things. Lamb says that what with love for the bringer, shame for the thing brought and the manner of the bringing, sympathy for those who were too many to share in it, and above all, hunger, his mind was full of contending passions. He had a friend at court in the person of one of the governors of the school.

After he left school, in 1790, he was given a clerkship in the old South Sea House, where his brother was already employed. Two years later, 1792, he received a clerkship in the East India House, its office in Leadenhall Street. He served here for 33 years, namely, until he was 50 years of age, 1825. He was then retired on a pension of 441 pounds yearly (about \$2,205); with an annuity provided for his sister in case she should survive him.

In his essay, "The Superannuated Man," he tells us of this re-

tirment. He had, so to speak, grown to his desk, and the wood had entered into his soul; his health and spirits were flagging; his work of the day was gone over again in a restless sleep; all of this was shown in the lines of his face. He says:

"My fellows in the office would sometimes rally me upon the trouble legible in my countenance, but I did not know that it had raised the suspicions of any of my employers, when, on the fifth of last month, a day ever to be remembered by me, Lacy, the junior partner in the firm, calling me on one side, directly taxed me with my bad looks, and frankly inquired the cause of them. So taxed, I honestly made confession of my infirmity, and added that I was afraid I should eventually be obliged to resign his service. He spoke some words of course to hearten me, and there the matter rested. A whole week I remained laboring under the impression that I had acted imprudently in my disclosure; that I had foolishly given a handle against myself, and had been anticipating my own dismissal. A week passed in this manner, the most anxious one, I verily believe, in my whole life, when, on the evening of the 12th of April, just as I was about quitting my desk to go home (it might be about 8 o'clock), I received an awful summons to attend the presence of the whole assembled firm in the formidable back parlor. I thought now my time is surely come; I have done for myself; I am going to be told that they have no longer occasion for me. Lacy, I could see, smiled at the terror I was in, which was a little relief to me, when, to my utter astonishment, Boldero, the eldest partner, began a formal harangue to me on the length of my services, my meritorious conduct during the whole of the time (the deuce, thought I, how did he find that out? I profess I never had the confidence to think as much). He went on to descant on the expediency of retiring at a certain time of life (how my heart panted) and asking me a few questions as to the amount of my own property, of which I have a little, ended with a proposal, to which his three partners nodded a grave assent, that I should accept from the house, which I had served so well, a pension for life to the amount of two-thirds of my accustomed salary—a magnificent offer. I do not know what I answered between surprise and gratitude, but it was understood that I accepted their proposal, and I was told that I was free from that hour to leave their service. I stammered out a bow, and at just ten minutes after 8 I went home forever.

"For the first day or two I felt stunned, overwhelmed. I could only apprehend my felicity; I was too confused to taste it sincerely. I wandered about, thinking I was happy, and knowing that I was not. I was in the condition of a prisoner in the old Bastile, suddenly let loose after 40 years' confinement. I could scarce trust myself with myself. It was like passing out of time into Eternity, for it is a sort of Eternity for a man to have his

Time all to himself. It seemed to me that I had more time on my hands than I could ever manage. From a poor man—poor in time—I was suddenly lifted up into a vast revenue; I could see no end of my possessions. I wanted some steward or judicious bailiff to manage my estates in Time for me."

During his whole life he resided in London or its environs. He loved the country, however, and loved to take long walks therein. His sister accompanied him until her mental and bodily health forbade; when their adopted child, Emma Isola, took the sister's place. This child afterwards married Moxon, Lamb's publisher.

In 1795, then 20 years old, his father and mother both became invalids; his father sinking into dotage and imbecility; his mother almost bedridden. We can perhaps imagine the great care which was thus brought to Charles and his sister. It is said that the brother, John, did not particularly concern himself about the household. Charles had but just recovered from an insane paroxysm which had necessitated his being temporarily placed in the asylum at Hoxton. He appears, however, to have so entirely recovered as to have had no further trouble of the kind. Not so, however, with his sister. In 1796 she showed such signs of mental disturbance that Charles sought consultation (September 22) with his physician; and this was the critical moment; for, during his absence, the mad girl killed her mother and wounded her father. Charles returned just in time to snatch the bloody knife from her hand. She was then confined in the Hoxton asylum, and at various periods throughout the rest of her life it was necessary to place her there again. She thus became his life care, and it has been said of him that his courage and self devotion can scarcely be equalled in the records of human life. A dream of love had visited his fancy, but he set it aside forever. Night and day he was watchful of symptoms of approaching paroxysms. If she grew excited when friends were with him, he had to dismiss them; if she fell into stupor, he had to rouse her. It was a touching sight to see the brother and sister leaving their home together, weeping, he to accompany her to the asylum. She understood the necessity for this.

In early life, following the teaching of Christ's Hospital, Charles Lamb was a Unitarian. Later on he does not seem to have had any leaning towards any particular sect unless it be the Quakers.

He took no interest in political questions farther than at times to aid a friend with his pen.

In early life he was a "fierce smoker of tobacco," as he says. But towards the year 1805, in consequence of the habit of conviviality to which smoking inclined him, he sought to give it up, and wrote a "Farewell Ode to Tobacco." He continued, however, to smoke occasionally for some time afterwards. He called

it his evening comfort and his morning curse. There is this much to his credit, that, in deference to his sister's wish, he did not smoke when she was by. This thoughtfulness was characteristic of his kindly nature.

He died December 27, 1834, at the age of nearly 60 years, from erysipelas following an accidental bruise. His sister survived him nearly 13 years, but never seemed to be fully conscious of her loss. They are both buried at Edmonton.

His father's name was John. He was a man of literary taste in a small way, and is said to have printed a thin quarto of "Poetical pieces." He was clerk and confidential attendant to a Mr. Salt, one of the benchers of the Inner Temple; and Salt seems to have been the salt of the earth so far as the Lamb family was concerned, for he was their steadfast friend.

In his essay on the "Old Benchers of the Inner Temple," Lamb describes his father under the name of Lovel, saying:

"I knew this Lovel. He was a man of an incorrigible and losing honesty. A good fellow withal, and 'would strike.' In the cause of the oppressed, he never considered inequalities, or calculated the number of his opponents. He once wrested a sword out of the hand of a man of quality that had drawn upon him, and pommeled him severely with the hilt of it. The swordman had offered insult to a woman, an occasion upon which no odds against him could have prevented the interference of Lovel."

* * * Lovel was the liveliest little fellow breathing, had a face as gay as Garrick's, whom he was said greatly to resemble; * * * possessed a fine turn for humorous poetry—next to Swift and Prior—moulded heads in clay or plaster of paris to admiration by the dint of natural genius merely; turned cribbage boards and such small cabinet toys to perfection; took a hand at quarrille or bowls with equal facility; made punch better than any other man of his degree in England; had the merriest quips and conceits; and was altogether as brimful of rogueries and inventions as you could desire. He was a brother of the angle, moreover, and just such a free, hearty, honest companion as Mr. Isaak Walton would have chosen to go a fishing with. I saw him in his old age and the decay of his faculties, palsy-smitten, in the last sad stage of human weakness,—“a remnant most forlorn of what he was,”—yet even then his eye would light up upon the mention of his favorite Garrick. * * * At intervals, too, he would speak of his former life, and how he came up a little boy from Lincoln to go to service, and how his mother cried at parting with him, and how he returned, after some few years absence, in his smart new livery, to see her, and she blessed herself at the change, and could hardly be brought to believe that it was 'her own bairn.' And then, the excitement subsiding, he would weep, till I have wished that sad second childhood might have a mother still to lay its head upon

her lap. But the common mother of us all in no long time after received him gently into hers."

He writes of his brother, John, and sister, Mary, as if they were cousins living in Hertfordshire; and calls them James and Bridget Elia. Of his brother's odd and contradictory composition, we learn in the essay, "My Relations." He tells us that John was a genuine child of impulse; full of new-fangled ideas and yet the systematic opponent of innovation; instinctively courageous but chary of his person as a Quaker; preaching the necessity of forms and manners and yet himself with a spirit that would stand upright in the presence of the Khan of Tartary. It was amusing to hear him discourse of patience as the truest wisdom and then to watch him during the last seven minutes that dinner was getting ready. While declaring that wit was his aversion, he would be guilty of saying, for instance, of the Eton boys, "What a pity to think that these fine ingenuous lads will in a few years be changed into frivolous members of Parliament." And so on. Charles calls his brother the "strangest of the Elias."

In the essays "Mackery End" and "Old China," he tells of his sister that she had been his housekeeper for many a long year. They housed together in a sort of double singleness with such tolerable comfort that he had no disposition to go out, like Jephtha's daughter, and bewail his celibacy. They agreed pretty well in their tastes "with a difference." They were generally in harmony, with occasional bickerings, as it should be among near relatives. They were both great readers. She liked narrative. He did not. He liked out-of-the-way humors and opinions; she disliked anything odd or bizarre. They were both inclined to be a little too positive, with the result that in matters of dates, facts and circumstances, he usually turned out to be right; while, when it was something proper to do or not to do, he always finally came over to her way of thinking. He says of her: "She was tumbled early, by accident or design, into a spacious closet of good old English reading, without much selection or prohibition, and browsed at will upon that fat and wholesome pasturage. Had I twenty girls they should be brought up exactly in this fashion. I know not whether their chance in wedlock might not be diminished by it, but I can answer for it that it makes (if the worst comes to the worst) most incomparable old maids."

In his essay, "Chronicles of the late Elia," Charles tells us of himself that those who did not like him, hated him; some who once liked him, afterwards became his bitterest haters. Because he cared little what he said and when or where he said it. He sowed doubtful speeches and reaped plain, unequivocal hatred. His inveterate impediment of speech caused him to be accused of trying to be witty, when he was only struggling to articulate.

He was temperate in his meals and diversions; only in the use

of the Indian weed might be thought excessive. He used it as he said as a solvent of speech. It loosened the ligaments which tied his tongue. As the friendly vapor ascended, his prattle came curling up with it.

Among his friends are the names of Wordsworth, Coleridge, Hazlett, Godwin, Hunt, Hood, Talfourd, Barry Cornwall, Bernard Barton, Dyer, and the Burneys.

Much has been written about the apparent connection between genius and insanity. It is certainly true that many persons who have been recognized as men or women of genius had peculiar characteristics that are usually classed as at least eccentric if not insane.

Dryden paraphrased Aristotle in the words: "Great wit to madness nearly is allied, and thin partitions do their bounds divide."

Many explanations of this apparently close connection between genius and insanity have been offered and discussed *pro* and *con*. Perhaps the most plausible explanation is that heredity plays the most important part, recent or remote, in individual cases, and the mental preponderance in one direction that constitutes genius, is at a corresponding expense in another direction, that constitutes the eccentricity or insanity.*

Charles Lamb himself wrote on the "Sanity of true genius," denying any connection between genius and insanity. There seems to be general agreement that nowhere do his writings give any indication of insanity. As Kiernan says: "Their conservative humor shows mental balance to an unusual degree," and adds that Lamb "learned the power of the insane to prevent and con-

* Some of the peculiarities in men of genius may be mentioned. Thus, some like Caesar and Napoleon the Great have not resembled either parent; the peculiarities apparently were atavistic. Some have lacked the national physiognomy—Bismarck, Byron, Helmholtz, Humboldt, Virchow. In some the head has been markedly small—Dante, Descartes, Gambetta, Shelley. In some markedly large, as Cuvier, Gibbon, Linnaeus and Milton. Rousseau had dropsy of the ventricles; in Bichat and Gauss there was marked asymmetry of the hemispheres. In some the skull itself was markedly asymmetrical—Bichat, Dante, Kant, Pericles. In Byron, Humboldt and Pascal the sutures had prematurely closed. In some, in early life, the mentality was markedly dull—Balzac, Boccaccio, Humboldt, Linnaeus, Newton, Pestalozzi, Walter Scott, Wellington. In others, on the contrary, there was marked precocity; thus Raphael painted at 14 years; Beethoven and Handel both composed music at 13; Meyerbeer and Mendelssohn before 10; Mozart gave concerts when but 6 years old; Dante composed verses at 9 years, and Tasso at 10; Niebuhr showed great intellectual capacity at 7 years, Goethe at 9, Mirabeau at 10; Bossuet, Edwards and Pope at 12; Comte, Pascal and Voltaire at 13; Fenelon and Victor Hugo at 15.

Some had epileptic seizures—Alferi, Caesar, Charles V., Flaubert, Handel, Mohammed, Molière, Napoleon the Great, Peter the Great, Petrarch, Pascal, Richelieu, Wellington. Many had melancholia—Beethoven, Chopin, Coleridge, Cowper, Da Vinci, Gray, Johnson, Michelangelo, Mill, Molière, Newton, Poe, Raphael, Rousseau, George Sand, Schiller, Schopenhauer, Tasso, Lamb. Many had distinct hallucinations—Ampère, Brougham, Byron, Comte, Cromwell, Descartes, Goethe, Gounod, Haller, Hastings, Hegel, Hugo, Malebranche, Mendelssohn, Mozart, Pope, Richelieu, Rousseau, Walter Scott, Socrates, Swedenborg. Four at least had delusional insanity or paranoia—Bruno, Hoffman, Keats and Pausanias. Some stammered—Aesop, Alcibiades, Cato of Utica, Charles V., Charles Lamb, Demosthenes, Erasmus, Virgil. Many committed suicide—Mark Antony, Balmaceda, Boulanger, Brutus, Cato, Chatterton, Demosthenes, Hannibal, Lucian, Lucretius, Lycurgus, Seneca. Some made more or less repeated attempts at suicide—Chateaubriand, Clive, Cowper, Dupuytren, Lamartine, Rousseau.

trol insanity in themselves; his keen recognition of the checks which constitute the difference between the normal and the insane would never lead an alienist to suspect the bad heredity of the family."

The paternal branch of the family came from the fens of Lincolnshire, where the use of laudanum was common; mental degeneracy was general, so said, but ascribed to malaria. Charles Lamb's grandfather was insane. Charles Lamb's father grew up gay, inflexibly upright, and with a dash of chivalry in his nature, and a poetic tendency. At 50 years he became insane and he died demented. His sister, Aunt Hetty, was an uncanny old soul, with silent ways and odd witch-like mutterings and with a wild look in her eyes as she peered out from under her spectacles; altogether she was an object of dread. On the maternal side the family was neuropathic. The grandmother of Charles had a moral anesthesia towards mental suffering that showed her degeneracy. His mother, Elizabeth Field, showed the capricious affection often present in the degenerate; many years younger than her husband, John Lamb; she was handsome, dignified, pleasure seeking, hysterical, and lacked insight into child character; towards Mary and Charles she never showed maternal tenderness.

Mary was a shy, sensitive, nervous, affectionate child; she early showed a liability to disorder of brain, and so peculiarly needed judicious care. The mother always loved the eldest child, John; he was a handsome, lively boy, egotistical; he was treated with indulgence by Charles and Mary, by whom he was exempted from any share in the family burden, even when he was prosperous. There were seven children; all died in infancy except the three named. Mary Anne was the third, born December 3, 1764; Charles was the youngest. Mary was brought up in a middle-class home, where there was neither poverty nor wealth; was educated in a day school; the best part of her education was the library of Mr. Salt, her father's employer; here she read what she chose; this freedom was the principle advocated by Ruskin. Both Mary's mother and grandmother were unfitted to train such a neurotic child, because of their lack of that necessary finer sympathy of human nature. The primary ego so prominent in the mother, the grandmother, Mrs. Field, and John Lamb, junior, was remarkably subordinate in Mary and Charles.

Charles was a weakly child, often had night terrors, had difficulty in learning to speak and stammered all through his life. He was mothered by his sister, Mary. This outlet for Mary's affection dispelled her loneliness. Later in life she described with great warmth the good influence on her mind of this devotion to Charles. As his mind unfolded he continued to receive from her the same care. With his hand in hers he first trod the Temple gardens, spelled out the inscriptions on the sundial and on the

tombstones in the old burying ground, and asked, in view of all the *virtues* recorded, "where are all the naughty people buried?" The familiar features of the neurotic boy appear in his autobiographical sketch in "Mrs. Leicester's School."

As Mary grew up the life of the household began to have a dark outlook; her father had a shock to his faculties, and her mother became paralytic and hysterical. At 15 years of age Charles left Christ's Hospital to take up the burden of life. Mary had to take care of the two sick parents, and also by millinery support the family. She was thus engaged from 21 to 32 years of age. It was when she was 30 and Charles 20 that the father became demented and was pensioned by his employers. Charles in his efforts to help support the family, which was neglected by John, and under the stress of an unfortunate love affair, became insane and was taken to hospital. After six weeks' treatment he was so far recovered as to resume his labors in the East India House. His trouble was a melancholia of unstable type so frequent in degenerates, in which there are flashes of exaltation through emotional gloom. When Charles recovered, John, who had spent his earnings on himself, met with a serious accident, and demanded to be nursed at home; this was the last straw; Mary was worn out by the daily and nightly attendance on her parents, and harassed by her millinery business; her physical endurance was at the breaking point. About September 15, 1796, the family noticed the mental disturbance, and this increased till the 21st, when Charles in the early morning went to get Dr. Pitcairn, but did not find him. In the afternoon Mary with sudden frenzy snatched a knife from the table and ran after an apprentice; and the mother, interposing, was stabbed and instantly died. Mary was placed in a private hospital for the insane and in a short time recovered, but subsequently became a *cyclothymiac*. That is to say she had cyclic insanity, or insanity occurring in cycles; melancholia following mania, followed in many cases by a lucid interval.

The two careers, of Charles and Mary Lamb, show how, even under the burden of inherited degeneracy and the strain of an environment requiring a fierce struggle for existence, much soundness of intellect and morality may survive. They also show the benefit of physiologic atavism; the continual attempt to regain a normal type which had been lost for some generations. In the career of Charles, there is much to indicate that much of his suffering and so-called eccentricity might have been avoided by better dietetics, which, however, were not so well understood then as now. The two cases also illustrate very fully, since both Charles and Mary were both ardent students of the older English dramatists and the older English literature, how much wholesomeness there lies in this, as contrasted with works on emotional religion or dogmatic theology. Charles and Mary were both unquestion-

ably devout, but with a certain largeness of view which proved a source of mental hygiene. Undoubtedly Mary's religious views tended to comfort her when she discovered that she had slain her mother during a fit of insanity. Her mental state, however, differed decidedly from that moral anesthesia produced in certain insane by hospital sojourn, which makes them so delightfully altruistic within the walls and so brutally egotistic outside. Charles Lamb's mental breakdown, which occurred at the decidedly critical period of puberty, shows the benefit of hospital care and the folly of home treatment.

Dr Mary O'Malley had greatly enjoyed the paper. Charles Lamb undoubtedly suffered from manic-depressive insanity. He once wrote to Coleridge: "To be truly happy a man must at some time have been insane." Lamb evidently was in the hypomanic stage of his disease when he wrote that sentiment. His history indicates that periods of depression and of exaltation alternated; and when the periods of hypomania occurred, he was able to write, an evidence of the pressure of energy.

FOOD CONSERVATION.*

BY LAURETTA E. KRESS, M. D.,

Washington, D. C.

Possibly never in the history of the world has the food problem received the universal consideration it has during the past year. In America no actual shortage of food stuffs exists as yet. The uplift in prices of foods here is due to the *world's* shortage and the demands made by other nations. The problem before America is to supply her own needs and the needs of the nations that are dependent upon her.

It is estimated that fully fifty million men in Europe have already been called away from productive labor and are engaged in war. For every man at the front three are needed at the rear for his support. It will be seen that in Europe not less than 150,000,000 have been drawn away from normal channels of production to abnormal channels of destruction. As nation after nation is swept into the war, we will be brought, ere long, to an actual *world* famine.

The total requirements of the allies for this year are said to be nearly 1,000,000,000 bushels of grain. We have never exported more than 500,000,000, or one-half of this amount.

* Read before the Medical Society February 6, 1918.

To supply this added amount is not so great a problem as it appears to be. The saving of one pound of wheat flour weekly by each person in America would enable us to meet the actual need of the allies as far as grain is concerned. In the past more bread has gone to waste in the average American home than almost any other kind of food. Stale bread has not been considered fit to eat. It has not been thought worth while to utilize it in the preparation of other dishes. It would be easy to save a slice of bread daily in each home. One single slice of bread saved each day in every home would mean a *daily* saving of a million loaves of bread. Laid side by side the loaves saved in one year would reach around the world.

Since the present war has been precipitated a large number of animals have been slaughtered in Europe. The herds are said to have been diminished by over 28,000,000 cattle, 54,000,000 sheep, and 32,000,000 hogs. As long as the war lasts the slaughter of animals will continue. The demand made upon America for meats and dairy products will naturally continue to increase.

Unfortunately the number of cattle raised in the United States in proportion to the population is also decreasing. It has been estimated that there are twenty per cent less cattle in America today than there were ten years ago, with over a twenty per cent increase in population. To supply the demands of the allied nations for meats will be a difficult problem.

There is a shortage of sugar abroad. France, Italy and Great Britain must import this year approximately 2,700,000 tons in order to maintain their normal consumption. They are forced to draw upon America's resources. To supply this demand makes economy in the consumption of sugar a necessity. The consumption of sugar in America has for years been excessive. There was a time when the annual consumption of sugar was less than 15 pounds per capita. It is now nearly 90 pounds. To cut down the supply to 40 pounds per capita annually should not be regarded as a hardship, and yet, should this be done, we would be able to meet the shortage of sugar.

Some countries are threatened with a famine in fats. Americans consume 70 pounds of fat per person annually. This refers to animal fat. Italy, before the war began, consumed less than 14 pounds, and Japan 18 pounds. Should we eat less fried foods and cut down the fat supply to 46 pounds per capita annually, we would undoubtedly enjoy better health. This would mean a saving of 1,125,000 tons of fats, or a quantity sufficient to meet the needs of the allies.

The production of beer in America requires 104,000,000 bushels of grain, 55,000,000 pounds of grape sugar, 152,000,000 gallons of molasses, 3,000,000 gallons of glucose, or syrup, annually. The liquor industry in America has required the labor of 300,000

farmers and the product of 7,500,000 acres of land. Directly and indirectly an army of 1,000,000 men has been employed in the interest of the traffic. According to Prof. Fisher, of Yale, "The net loss caused by brewing and distilling was equivalent to about 11,000,000 one-pound loaves of bread daily," representing a food value sufficient to nourish fairly well an army of 6,000,000 men. To stop the manufacture and sale of all intoxicants as beverages would not impoverish the nutrition of anyone and it would mean food for millions abroad.

During the past fiscal year there has been a tremendous increase in the use of tobacco. The returns to the government in taxes on cigars, cigarettes, tobacco and snuff amounted to \$103,201,592; an increase over the year 1916 of approximately 18 per cent, or \$15,000,000. The increase in the production of cigarettes has been phenomenal, jumping from 21,087,901,113 of the previous year to 30,529,193,538. This shows the remarkable increase of 40 per cent. Thousands of acres of valuable land are being cultivated and hundreds of thousands of men are being employed in the cultivation of this product, which is neither food nor drink. All the labor and energy expended by this great army of workmen goes up in smoke. Tobacco, we must admit, possesses no food value. It is a *drug*. It is employed wholly because of its drug effect. The land utilized for this purpose ought to be put to a better use. The labor wasted should be turned into channels of production of food stuffs. Should the \$2,200,000,000 paid out for drink and the \$1,200,000,000 paid out for tobacco last year be *this* year deposited in the United States Treasury, no one would be seriously injured and it would go a long way toward financing the war. This would be a very *practical* way for the men of America to show their patriotism.

Not less than \$300,000,000 was paid out last year for drinks containing caffeine. Much of the irritability, nervousness and ill temper, *especially* among women, is traceable directly or indirectly to the free use of these beverages. There is no real food value in them. Here is an opportunity for women to shine in a very practical way as patriots.

Changes in our diet are now demanded. These changes should be made wisely. As a rule, Americans eat too much. In the last two generations the total individual daily consumption of food in America has increased about 30 per cent. This has not improved the health of our people. So long as food has been plentiful this has been merely a health problem, but, owing to the present scarcity and the rapidly advancing prices of food and the fact that 2,000,000 men may be withdrawn from productive occupations during the next year, it is becoming a serious economic problem.

Meat once daily instead of thrice, as before, and one meatless and two porkless days are now called for. Meat consumption

has been altogether excessive in America. Of the \$4,500,000,000 paid out for food stuffs last year \$1,800,000,000 was paid for meats. That means that out of every \$100 paid out by the average American for food \$33 was paid for meat. To cut down this tremendous expenditure for meats will undoubtedly greatly improve the health of our people.

To cut down the meat supplies on our tables will result in a great reduction of the living expense and it will mean health and vigor to the family. The general opinion exists among the uninformed that meat is the great staff of life and that it is highly nutritious. This is a mistake. Persons who are doing hard work do not need great quantities of meat. They will thrive better on wheat, corn, rice, nuts, beans and peas. It has been demonstrated again and again that these are the foods that give physical vigor and endurance.

Meat is so highly valued because it contains protein. Protein is an important food element. Fortunately this element is furnished in other foods so that we are not dependent upon meat for it. A pound of meat, medium fat, it is estimated, supplies about two ounces of protein. *Eight eggs* yield practically the same amount.

A pound of whole milk cheese contains about four ounces of protein, or a little more than two pounds of meat. The pound of cheese might cost twice as much as a pound of meat and still be as economical a source of protein. If it costs less than meat its protein is twice as cheap.

The cereals are not, as a rule, deficient in protein. Wheat contains two ounces of protein to the pound, an amount equal to that obtained from a pound of meat.

Beans contain three ounces and peas contain four ounces to the pound. It is estimated that it takes about seven pounds of grain, when fed to a steer, to produce one pound of beef. In nutritive value each pound of the grain is equal to two pounds and a half of beef. To make good the amount of nutriment contained in the seven pounds of corn required to produce one pound of beef would demand at least fifteen pounds of beef. Seven pounds of corn cost about thirty cents, while the same amount of nutrition in the form of beef would cost between \$3 and \$4. It pays, therefore, to eat the corn off the cob instead of feeding the corn to the steer or hog and then eating the beef or pork.

Compared with meat, milk is an economical food, since about *one-third* of the proteid fed to the cow is recovered in the milk. The free use of milk by grown-ups cannot be encouraged, since a milk shortage is sure to come. Children are dependent upon milk so largely that adults should more and more obtain their protein as far as possible, from other sources, leaving the milk for infants and children.

We must cut down our supply of butter. Butter has advanced in price to such an extent that it is now almost out of the reach of the poor. It will unquestionably continue to advance. The price will become almost prohibitive in the future. We can get on with much less butter. It should not be used in cooking, and much less should be served on our tables. We are not dependent upon butter for our fats. A table fat may be made by churning a quantity of Crisco or some other semi-solid vegetable fat with milk. Sixty cents' worth of vegetable fat and one-half pound of butter, warmed to blood heat, will, when churned in milk, produce three pounds of butter at a cost of twenty-five cents (*almost, if not quite*) equal to any of the best brands of pure dairy butter sold at the markets at over fifty cents per pound.

Much of America's biliousness is traceable to the too free use of fats. Neutral or free fats are apt to interfere with the digestion of other foods. In the stomach they float on the surface or adhere to its walls, thus forming an excellent culture for germs. Butyric acid (the forerunner of gastric and intestinal catarrh and appendicitis) is thus formed. The fats served by nature in milk, nuts and legumes, etc., are not free fats. Each minute fat globule is surrounded with a thin envelope of protein. The fat is not set free in the stomach until this envelope is dissolved by the gastric juice and the food is ready to leave. It would be well to eat less butter and encourage the use of more ripe olives and nuts. Nuts furnish the sweetest and most wholesome of all fats. In addition, they furnish a protein that is sweet and unassociated with impurities. Nuts form a most wholesome substitute for both meat and butter. They also contain the fat soluble—vitamines—so essential to good health. Nuts are not difficult to digest, providing they are not eaten between meals or at night just before retiring, and are thoroughly masticated. They should not be blanched or roasted, as this sets free the oil and often slightly burns it, thus converting it into an irritant.

No element is more deficient in the foods of civilized countries than the salts and the vitamins. At present from thirty to forty per cent of the wheat is removed in milling. The bran and shorts containing the salts and vitamins have usually been fed to the cattle. The devitalized white flour which was left has been utilized for bread and pastry purposes. Should ninety per cent of the grain be milled and converted into flour, it alone would mean a saving of not less than 100,000,000 bushels of wheat annually. There are many homes that have within the last few months installed a small grist mill, and are doing their own milling. This has many advantages. The whole wheat flour has in it all the elements of nutrition and, being *freshly* ground, it possesses a sweetness and flavor not found in flour that has been kept from six to nine months, as is often the case.

White bread is deficient in the elements out of which teeth are built. Meat is also deficient in these bone forming elements. The animal subsisting on grain which possesses all the elements of nutrition utilizes the bone forming elements in building up its *own bones and teeth*. The tissue forming elements in the grain are converted into beef steak. Beef, then, is lacking in bone forming material. For this reason, the cat finds it necessary to eat the entire mouse, *bones and all*. The dog must be furnished bones to gnaw. We can readily see why in Australia and America, where white bread and meat are largely depended upon as food for children, tooth decay among them prevails.

The salts lacking in meat and white bread might be partially supplied by the use of vegetables, but, unfortunately, the first water from potatoes, beans and vegetables, which usually holds in solution most of these bone forming salts, is poured down the sink. The water from vegetables should be conserved and utilized in making soups and gravies.

It is strange that the most abundant food element—starch—is the element which is considered to be the chief cause of digestive disturbances. In the body starch can only be utilized as a food after it has been converted into sugar. Starch should therefore be rendered soluble either before entering the stomach, or it should have sufficient saliva mingled with it to render it soluble shortly after it enters. Starchy foods are bound to disagree with many. Patients are not infrequently advised to discontinue the use of starch, and yet starch is one of the easiest of all foods to digest, if it is properly prepared and thoroughly masticated. Nature made no mistake in providing it so freely in all of man's food. Starches that have been well baked or parched and partially dextrinized, digest readily. Parched starchy foods produce a more copious flow of saliva and digest more readily than does the raw starch. Some years ago experiments conducted showed that an ounce of bread crust masticated for five minutes produced *two ounces* of saliva. An ounce of porridge masticated for the same length of time produces *less than one-half of an ounce* of saliva. If starch is well baked and thoroughly masticated, starch indigestion need never be. Much of the starch which is now worse than wasted may be conserved and utilized by merely resurrecting the lost art of mastication.

Starch is converted into sugar in the human body. It is possible for each one to manufacture his own sugar and thus escape the annoyance of some time in the future lining up in front of a grocery for the weekly allowance. It is possible, in fact, for us to put the sugar trust out of business by manufacturing our own sugar.

Starch and sugar possess the same nutritive value. It matters not which we take, as far as nutrition is concerned. From an

economic and a health standpoint it matters which we take. The cane sugar which is used so freely in America could be largely replaced by starchy foods if used intelligently.

The sugar obtained from digested starch is not cane sugar; it is nature's sugar. It is ready for absorption and to be utilized by the body. Cane sugar is quite different. It has to be converted into fruit sugar before it can answer the purpose of a food. This change does not take place until it reaches the intestines. Unfortunately, as a rule, long before it reaches there, fermentation has taken place. Cane sugar, when taken in a concentrated form, as is customary, also acts as a gastric irritant. The free use of sugar is one of the exciting causes of gastric acidity, catarrh and ulceration. The prevalent use of cane sugar and fats is partially responsible for the prevalence of appendicitis.

Fruits serve starch already digested. Fruits in season should therefore be eaten much more freely than they are. Instead of serving rich puddings and pies at the close of meals, fresh, thoroughly-ripened fruit would be much better for all, and especially for children.

Those who subsist largely upon meat cannot, as a rule, digest starches well. Meat requires a highly acid gastric juice, while starch requires an alkaline or neutral medium. Starch indigestion is for this reason quite common among excessive eaters of meat, and the use of cane sugar is naturally resorted to as a substitute for the starch.

The past few years much has been said regarding the products termed *vitamines*. This vital property is found in fresh fruits and vegetables and in the scrapings from rice, and the bran of wheat. Beriberi, pellagra, scurvy, Rigg's disease and, possibly, other similar diseases, may be due largely to the deficiency of these vital properties in the food. Raw fruits, celery, cabbage, lettuce, mild radishes, cucumbers, carrots, etc., should be used more freely than they are.

Wheat, rye, barley and corn can be obtained cheaper than prepared cereals. These can be ground in the mill referred to, fine enough to make bread or coarse enough for making excellent breakfast foods. These mills may be purchased for from three to five dollars. Each poor family should be in possession of one.

A variety in food is beneficial. Some foods are rich in one element but deficient in others. Cereals furnish the acid salts, while vegetables furnish the alkaline substances. The blood and tissue fluid should be kept in a neutral or slightly alkaline condition, hence the importance of variety: not a great variety at each meal, but variety in the meals.

So far as mineral matter is concerned, bread is particularly rich in phosphorus. It should be supplemented by something which contains more lime and iron, especially in the case of children.

Milk provides the lime, and fresh fruit and vegetables the iron. If the latter are served in reasonable abundance the kind of bread used is not a matter of quite so great importance. If, on the other hand, fresh fruits and vegetables cannot be obtained, it is desirable to use whole-grain flour in order to bring up the amount of mineral matters and of cellulose and to be sure of a sufficient supply of certain important growth-regulating substances.

While the conflict between nations, and the ruthless destruction of life, must be regarded as a curse, food conservation, to which it has given birth, will prove to be a blessing to those who cheerfully and intelligently coöperate with the government by curbing their wasteful and extravagant tendencies in order to supply the needs of those, less fortunate than ourselves, in other lands. We shall be able to put into practice the Biblical command, "Gather up the fragments that nothing be lost," and the Golden Rule, to "Do unto others as we would be done by." The great American sin is "fullness of bread," or, stated in modern language, *over indulgence*; especially over indulgence in meat, fats and sugar. To comply with the request of the government to greatly lessen the consumption of these commodities is a reform which will mean increased racial vigor; since forced reforms are not as beneficial as are reforms made intelligently and willingly, special effort should be made to educate the public by presenting the scientific phases of food conservation and its relation to health. This will tend to keep the mixed multitude, who are naturally controlled by the palate in the selection of their food, from becoming dissatisfied and rebellious and inoculating others with their discontent.

REPORT OF COMMITTEE OF CONFERENCE ON FOOD ADMINISTRATION, FEBRUARY 12, 1918.

The object of the meeting was to bring together the women of the District, through the different clubs and organizations to which they belong, so that they may intelligently coöperate in the conservation of food. It has been noted that there is a greater desire on the part of the women of Washington to do this than in any other part of the country, but there has seemed to be no method for securing their coöperation.

Since the time of Adam man has laid the responsibility of the food question on woman. Hence it is only by her actions in saving that enough food of the proper kind may be sent to our own soldiers and to our allies, who are our ramparts in this fight of civilization against the powers of darkness.

The different kinds of food and their uses were explained, also the things which we can use in their places.

We are asked to report to Mr. Wilson what our particular or-

ganization has done in the past few months, either by papers or special work, to educate the public along these lines. Second, we are asked to organize a Study Club to study the subject of substitution, how to make war bread and meat substitutes, and to go into the homes of the masses and teach them how.

Leaflets containing information and recipes for various kinds of meals were distributed. Copies may be obtained from Mr. Wilson at any time.

Public demonstrations of methods of making bread and other substitutes are held at several community centers every week and are duly advertised in the daily press.

Lauretta E. Kress, Mary Holmes, Committee.

PROPOSED AMENDMENTS TO CONSTITUTION AND BY-LAWS.

It is the belief of the Executive Committee that the division of the duties between the Recording Secretary and Corresponding Secretary as at present prescribed in the Constitution does not conduce to the most harmonious and efficient execution of the secretarial functions of the Society. In order to improve conditions the committee recommends that these two offices be abolished and their duties be combined under a single Secretary, aided by an associate. As the present Program Committee is practically a merely nominal body, its work being really performed by the Corresponding Secretary, it is also recommended that this committee be abolished and its duties assigned to the Secretary. It is tentatively suggested that the annual honorarium of the Secretary be made \$400.00, and of the Associate Secretary \$200.00.

To effect the foregoing changes, the following amendments to the Constitution and By-Laws of the Society are proposed:

Article V, Section 4. Strike out the sentence, "The Corresponding Secretary shall send to each member of the Society a list of all pending applications for membership at least one month before the stated meeting at which such applications are to be acted upon by the Society." And after the words "at each stated meeting shall," insert the words "at least twenty-eight days prior thereto," making the sentence read: "Due notice of the names of all candidates to be voted on for membership at each stated meeting shall, at least twenty-eight days prior thereto, be sent to all active members."

Article VI, Section 1. Strike out the words "A Recording Secretary, a Corresponding Secretary," and insert in place thereof the words, "A Secretary and Associate Secretary," making the sentence read: "1. The officers of this Society shall be a Presi-

dent, a First and a Second Vice-President, a Secretary, an Associate Secretary, and a Treasurer."

Amend Section 5, Article VI, so that it shall read as follows:

"5. The Secretary shall make full records of the proceedings of the Society and, after their approval by the Society, preserve them in secure and permanent bound form; he shall act as reading clerk at the meetings; he shall be custodian of and responsible for all books, records, papers and other property of the Society (excepting funds and current financial records), which he shall keep in secure and accessible form; he shall be ex-officio a member of the Executive Committee; he shall endeavor to obtain the signatures of newly elected members to the obligation to be governed by the Constitution and By-Laws of the Society; he shall notify members and officers of their election, inform committee appointees of their selection and the duties with which they are charged, advise persons concerned of the action affecting them taken by the Society, and in general conduct the correspondence of the Society; he shall prepare proper credentials to the Delegate to the American Medical Association; he shall maintain a complete and accurate list of active, associate and honorary members of the Society; he shall secure and arrange for the presentation of medical cases, specimens and papers at the meetings of the Society; he shall a sufficient time previously send to all members, and to such others as may be designated, an announcement of each regular and special meeting, specifying the cases, specimens and papers to be presented, the names of all applicants for membership to be voted on, reports of the Executive Committee on the investigation of accused members to be presented or considered and acted on, amendments to the Constitution and By-Laws and proposed special assessments to be voted on, postponed stated business, interim elections, and, so far as possible, all important items or the general character of the business to be transacted; he shall also notify the members of the names of those recently resigned, dropped or expelled; and perform such other duties as may be imposed on him or pertain to his office. For his services he shall receive a salary of four hundred (\$400.00) dollars per annum."

Amend Section 6, Article V, so that it shall read as follows:

"6. The Associate Secretary shall, under such arrangements as may be made, assist the Secretary in the performance of his duties, and in the absence or inability of the latter to act shall assume his duties; he shall be ex-officio a member of the Executive Committee; and for his services he shall receive a salary of two hundred (\$200.00) dollars per annum."

Article VII, Section 1. Strike out the words "a Committee on Program," so that the section shall read:

"1. This Society shall maintain the following standing com-

mittees, namely, an Executive Committee, a Committee of Censors, and a Committee on Publication."

Article VII, Section 2. Strike out the words "Recording Secretary, Corresponding Secretary," and after the word "President" insert the words "Secretary, Associate Secretary"; also strike out the words "the Committee on Program," so that the first paragraph of the section shall read as follows:

"2. The Executive Committee shall consist of the President, Secretary, Associate Secretary, Treasurer, Delegate to the American Medical Association, the chairman of each section, and the chairmen of the Committee on Censors and the Committee on Publication, ex-officio, and of nine elective members. The elective members shall be chosen on the first Wednesday of December in each year, to serve (after 1912) three years each, and shall be so arranged that each year the terms of office of three of them shall expire and then be refilled; vacancies occurring among the elective members may be filled by election of the Society for the remainder of the term of office; and no elective member at the expiration of his term shall be reelected before the lapse of one year. Seven members of the committee shall constitute a quorum for the transaction of business."

Article VII, Section 3. Strike out the words "Committee on Program," so that the section shall read:

"3. The Committee of Censors and Committee on Publication shall consist of five members each, and shall be appointed by the President at the time of his assumption of office, to serve until their successors are appointed. Vacancies shall be filled as they occur by appointment by the President. The chairmen of these committees shall be designated by the respective committees, and shall be ex-officio members of the Executive Committee."

Strike out Section 5 of Article VII, and renumber the present Section 6 as Section 5.

Article VIII, Section 1. For the words "the Committee on Program" substitute the words "its Secretary."

Article V of the By-Laws. In the forms prescribed for application for membership, in the form places where it occurs strike out the word "Recording" before the word "Secretary."

PROCEEDINGS OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Wednesday, February 6, 1918.—President P. S. Roy presided; about 60 members present.

The Treasurer reported for January, receipts, \$1,106.58; disbursements, \$337.85.

An appropriation of \$2.25 was made for one hundred copies of the System of Ethics of the American Medical Association.

Dr. Frank Leech for the Executive Committee reported the following recommendations, which were adopted:

1. In regard to the correspondence with the Department of the Interior relative to a list of physicians alleged to be kept in that Department for recommendation to employees, and the unsatisfactory reply of Miss Antoinette Greely to the Society's request for a copy of the list; ordered to repeat the request for the list.

2. In regard to the amendment offered by Dr. Carr and others, providing for a business meeting each month and the exclusion of general business from the meetings; ordered that the half hour provided for business at the meetings be strictly adhered to and that proposed new business be put in writing and given to the Corresponding Secretary.

3. In regard to the report of the Committee on Attendance (see page 137, March ANNALS), recommendations 2, 3, 5 and 6 were adopted. No. 4 was referred to the Federation Committee.

4. In regard to existing special committees, all such committees were dropped and the following were ordered to be appointed for the present year: Committees on Federation, Attendance, Building and Centennial; the personnel to be appointed by the President.

The Committee on Centennial, having completed its work, was discharged.

Upon his application, Dr. Ferdinand C. Walsh, of San Antonio, Texas, was transferred from active to associate membership.

The Food Administrator for this District having requested representation by this Society at a meeting to consider the general subject of Food Conservation, the President was authorized to appoint two women members for this purpose and designated Drs. Laurretta E. Kress and Mary Holmes.

The program for the evening having been arranged by the Women's Medical Society, the meeting was transferred to their auspices, and

Dr. Laurretta E. Kress presented an essay on Food Conservation, with a demonstration of practical war foods. See page 212.

Dr. Rosalie Slaughter Morton, of New York, addressed the Society on the war work of woman physicians in Europe, illustrated with lantern slides.

A vote of thanks was given to the Women's Medical Society for the program and to the essayists for their contributions.

Wednesday, February 13.—President Roy presided; about 50 members present.

The Treasurer reported contributions to the building fund.

A letter from the local War Savings Committee requesting an appointment for a speaker was referred to the Executive Committee.

Upon his written request, Dr. Richard L. Cook was transferred from the list of active members to that of associate members.

The printing of 250 copies of the Constitution and By-Laws was authorized.

The Chair announced the following special committees:

Committee on Building.—E. Y. Davidson, chairman; Chas. W. Richardson, vice chairman; J. Lawn Thompson, secretary; A. W. Boswell, W. M. Barton, W. P. Carr, E. P. Copeland, A. Frances Foye, J. A. Gannon, W. C. Gwynn, F. R. Hagner, C. W. Hyde, W. A. Jack, Jr., V. B. Jackson, L. A. Johnson, L. B. T. Johnson, S. R. Karpeles, H. H. Kerr, D. Olin Leech, T. N. McLaughlin, H. C. Macatee, Louis Mackall, H. E. Martyn, Wm. Gerry Morgan, J. J. Mundell, J. B. Nichols, J. D. Rogers, P. S. Roy, E. G. Seibert, C. A. Simpson, J. A. Talbott, L. H. Taylor, Ada R. Thomas, J. D. Thomas, C. L. Waters, C. S. White.

Committee on Tuberculosis.—W. D. Tewksbury, chairman; N. P. Barnes, J. R. Tubman, D. W. Mulcahy, M. D'Arcy Magee, J. W. Mankin, W. L. Masterson, F. H. Morhart, W. C. Moore, Thos. Linville, Edgar Snowden, Geo. W. Wood, G. W. Warren, W. F. Walter, Elnora C. Folkmar.

Committee on Contagious Diseases.—J. W. Lindsay, chairman; Frank Leech, D. O. Leech, M. H. Price, A. M. Ray, G. R. Sorrell, W. J. Mallory, J. S. Wall, E. P. Copeland, H. H. Donnally, Geo. B. Heinecke, W. J. French, John Foote, Mary Holmes, J. A. Watson.

Committee on Attendance.—A. W. Boswell, chairman; W. M. Barton, A. J. Carrico, J. A. Gannon, C. W. Hyde, S. S. Adams, C. A. Simpson, J. Lawn Thompson, E. Y. Davidson, H. T. A. Lemon.

The committee appointed to attend a conference on Food Conservation submitted its report, and the committee was discharged with thanks. See page 219.

The following program was arranged and contributed by the George Washington Medical Society:

Dr. C. B. Conklin reported a case of Aneurysm of the Ascending Aorta involving the Innominate and the Proximal Portion of the Right Subclavian and Common Carotid Arteries, and exhibited the specimen. Discussed by Dr. O. B. Hunter. See page 196.

Dr. C. S. White presented a communication on Methods of Skin Grafting. Discussed by Drs. W. C. Borden, J. A. Gannon, A. M. Magruder, Kate B. Karpeles, and White.

Lt. Col. W. C. Borden read the paper of the evening, entitled: Operative Treatment of Varicocele. Illustrated with lantern slides. Discussed by Drs. C. S. White, W. B. Carr, W. G. Young, R. A. Hooe, S. R. Karpeles, A. A. Snyder, and Borden.

Wednesday, February 20.—President Roy presided; about 55 members present.

The Treasurer reported subscriptions to the building fund.

The resignation of Dr. J. W. Hopkins from active membership was accepted.

The Chair announced the appointment of the following committees:

Federation Committee.—R. A. Hooe, chairman; Amy J. Rule, R. R. Walker, Truman Abbe, E. W. Titus, J. J. Madigan, Carl Henning, C. A. Simpson, M. H. Prosperi, W. G. Young, J. M. Moser, E. M. Ellison, S. B. Pole, H. H. Donnally, D. W. Prentiss, L. Eliot, Edwin Kempf.

Committee on Hygiene and Sanitation.—J. A. Murphy, chairman; G. M. Kober, C. K. Koonen, J. A. Talbott, R. S. Trimble, W. C. Woodward, Martha B. Lyon, G. H. Magee, W. J. G. Thomas, E. D. Thompson, M. F. Thompson, W. C. Upham, M. C. Wall, C. A. Weaver, J. R. Jeffries, Jr.

Committee on Schools.—A. Frances Foye, chairman; Isabel H. Lamb, G. H. Heitmuller, L. M. Hynson, D. C. Chadwick, S. H. Greene, Jr., D. W. Higgins, G. S. Barnhart, D. T. Birtwell, S. R. Karpeles, R. W. Frischkorn, H. C. Macatee, R. M. Ellyson, T. J. Rossiter.

Press Committee.—L. B. T. Johnson, chairman; W. B. Mason, A. R. Shands, A. A. Snyder, E. H. Reede, S. Ruffin, Jno. Constas.

Dr. S. R. Karpeles offered a preamble and resolution bearing upon more efficient coöperation between hospital out-patient departments and the Board of Charities. Referred to the Executive Committee with request for early report.

Dr. Frank Leech presented an analysis of cases of scarlet fever seen during 1917. Discussed by Drs. W. C. Woodward, G. M. Kober, B. M. Randolph, E. L. Morgan, W. P. Carr, J. Lawn Thompson and Leech.

Dr. B. M. Randolph presented a shoe and stocking torn by a bolt of lightning which passed through the wearer without injury to her. Discussed by Dr. C. N. Chipman.

Dr. John E. Lind presented the paper for the evening, entitled: The early diagnosis and treatment of syphilis of the central nervous system. Discussed by Drs. W. H. Hough, W. P. Carr, C. A. Simpson, H. H. Hazen and Lind. See page 198.

Wednesday, February 27.—President Roy presided; about 45 members present.

The Treasurer reported contributions to the building fund.

Dr. Frank Leech, for the Executive Committee, recommended the following, which were adopted by the Society:

1. In regard to the preamble and resolution offered by Dr. Karpeles; adversely. Dr. Karpeles withdrew his resolution.

2. Recommended to pay \$1 each meeting to the janitor for his services.

3. Approved request of the War Savings Committee for a brief address by a local representative; recommended reference to Program Committee.

4. Recommended printing 250 copies of revised Constitution and By-Laws separate from the ANNALS.

5. Recommended printing list of members and 200 separates; the latter to be retained by the Secretaries for distribution.

6. Recommended to announce in the ANNALS a request for contributions of any Society publications extant, to be held by the Historical Committee, for deposit in the proposed new building.

7. Recommended that the weekly program notices be sent only to active, associate and honorary members.

The Committee also reported that the letter from the Secretary of the American Medical Association in regard to the resolution of protest of the Society against the selection of a local Advisor to the Provost Marshal General, without reference to the Society, was laid on the table. Also that Major R. W. Shufeldt, U. S. A., had used the letter of endorsement of the Society for an appropriation for a new Medical Museum, to secure similar action by other State societies.

Dr. M. d'Arcy Magee made remarks in the interest of medical service of the Home Defense League.

Dr. Truman Abbe presented a résumé of Cases of Epithelioma of the Lip treated with Radium. Discussed by Drs. C. A. Simpson, L. F. Kebler, and Abbe.

Dr. D. S. Lamb presented the paper for the evening, entitled: Charles Lamb,—his melancholia. Discussed by Dr. Mary O'Malley. See page 202.

Wednesday, March 6.—President Roy presided; about 45 members present.

The Treasurer reported as follows for February: Receipts, \$572.00; disbursed, \$464.45.

A letter from Dr. Max E. Wall relative to his dues during an enforced absence from the city was referred to the Executive Committee.

The following applications for membership were presented and referred to the Committee of Censors:

For active membership: Charles A. Ragan, George Washington University, 1900; Oscar Benwood Hunter, George Washington University, 1912; A. Magruder Macdonald, Georgetown University, 1915; John Morris Ladd, George Washington University, 1916; Robert Henry Leece, Michigan College of Medicine and Surgery, 1904.

For associate membership: Ross McClure Chapman, St. Elizabeth's Hospital, city.

The Program Committee was authorized to invite distinguished visitors to the city or vicinity to address the Society, without previous reference to the Society.

Dr. A. W. Boswell, for the Committee of Censors, reported favorably on the following applicants for membership, and they were elected:

For active membership: Harvery Peter Feigley, Jefferson Medical College, 1911; Richard Lee Sylvester, Johns Hopkins University, 1914.

For associate membership: Howard F. Strine, Medical Inspector, U. S. Navy.

Dr. Boswell reported further that the committee still held under consideration the application of Dr. Evelyn G. Mitchell "without prejudice."

An invitation from the Executive Committee of the Home Defense League to members to take part in the medical work of that organization was read, and Dr. D. O. Leech made remarks upon the purpose of the League.

A letter from the Medical Advisory Board, Council of National Defense, suggesting the advisability of inviting distinguished visitors to address the Society in the interest of the public medical services was referred to the Program Committee.

A request was received from the Womens' Division, Council of National Defense, for the appointment of a representative of the Society to attend a conference to consider certain plans of the Womens' Division for child welfare work. The appointment was authorized and the Chair designated Dr. I. S. Stone.

A letter from the Secretary of the Washington Board of Trade asking for a list of the free dispensaries of the city was referred to the Board of Charities, and the Corresponding Secretary was instructed to inform Mr. Grant of the reference.

The proposed amendment to the Constitution, offered at the January stated meeting by Dr. W. P. Carr and others, was laid on the table.

The Chair announced the appointment to the Historical Committee of Dr. D. S. Lamb, and to the Building Committee, Dr. H. T. A. Lemon.

A motion by Dr. I. S. Stone that a suitable chair for the presiding officer be provided and a committee be appointed to secure the same, was referred to the Executive Committee.

Dr. J. A. Gannon reported a case of Cyst of the Femur, with specimen. Discussed by Drs. A. B. Hooe, T. M. Ladd and Gannon. See page 193.

Dr. C. A. Simpson, Jr., presented the paper of the evening, entitled: Treatment of skin diseases with the Kromayer lamp-light therapy. Cases were exhibited. Discussed by Drs. T. A. Poole, H. A. Bishop, and Simpson.

Wednesday, March 13.—President Roy presided; about 45 members present.

A letter from the Secretary of the American Medical Association transmitting correspondence with the Surgeon General of the Army was read and laid on the table.

A special bulletin of the American Medical Association inviting attention to the Owen-Dyer bill now pending in Congress was referred to the Executive Committee with power to act.

The following recommendations of the Building Committee were adopted: "That the Trustees be empowered to pay off the first note of \$3,800.00, as soon as the building funds may be available in the treasury of the Medical Society;" and "That the Chairman of the Building Committee convey the thanks of the Medical Society to all outside donors to the building fund."

The following committee was appointed to consider a plan of campaign to induce the public to call physicians as early in the day as possible: Drs. C. N. Chipman, S. L. Owens and W. M. Barton.

Dr. Thomas Miller, on behalf of the George Washington Medical Society, extended an invitation to a meeting of that organization to be held Saturday, March 16, when Dr. L. T. Royster, of Norfolk, Va., would present a paper.

The Secretary was instructed to convey to Dr. G. Wythe Cook the sympathy of the Society in his continued illness and to send him flowers.

The program for the evening was contributed by the Clinico-Pathological Society.

Dr. F. R. Hagner reported a case of Perineal Hypospadias, cured by operation. The patient was shown. Discussed by Drs. R. A. Hooe, H. H. Kerr and Hagner.

Dr. T. A. Claytor reported a case of Pulmonary Thrombosis, and presented the specimen, which was demonstrated by Dr. O. B. Hunter. Discussed by Drs. Barton, Hagner, Jack and A. B. Hooe.

Dr. G. B. Miller reported a case of Acute Hydramnios. Discussed by Drs. Garnett, Chipman, Masterson, Macatee and Miller.

Dr. H. H. Kerr reported a case of Tuberculosis of the Intestines, cured by operation. Discussed by Drs. Claytor, Jack, G. B. Miller and Kerr.

Wednesday, March 20.—President Roy presided; about 50 members present.

The Treasurer reported subscriptions to the building fund.

The Recording Secretary reported that as instructed he had sent the following letter to Dr. Cook: "The Medical Society at its meeting last night heard with regret of your continuing illness and by resolution instructed me to convey to you its earnest hope

for your speedy and complete recovery, and to send you these flowers in token of its grateful esteem and its sincere sympathy."

To which Dr. Cook had replied as follows, March 19th: "Please convey to the members of the Medical Society of the District of Columbia my high appreciation of their kindly consideration as expressed in the sympathetic words and beautiful flowers which they so generously sent me through you. It gladdens and warms the very cockles of my heart and it is a grateful cordial to my enervated condition to be thus remembered."

Dr. C. N. Chipman, for the special committee on propaganda for early calls for the doctor, reported progress.

An invitation from Col. E. M. Talbott, M. C., U. S. A., to the opening of the Warden McLean Auditorium at Camp Greenleaf, Ga., was read.

The program consisted of a symposium on Caesarean Section:

Indications, by Dr. Prentiss Willson.

Technic, by Dr. A. L. Stavely.

Disadvantages, by Dr. R. Y. Sullivan.

The formal discussion was opened by Dr. J. F. Moran, who presented a synopsis of Dr. Sullivan's paper (in the absence of Dr. Sullivan, on account of illness); discussion continued by Drs. G. B. Miller, A. B. Hooe, Roy, Bovée, Willson and Stavely.

Wednesday, March 27.—President Roy presided; about 30 members present.

Dr. C. N. Chipman, for the committee on early calling of the doctor, submitted a report with recommendations. See page 229. Adopted.

A letter and resolution from the Home Defense League relative to a plan to secure additional hospital facilities for the civilian population of Washington during the war was referred to the Executive Committee.

Dr. N. P. Barnes presented to the Society on behalf of the Washington Medical and Surgical Society a Liberty Bond of the denomination of \$100.00 for the building fund. The thanks of the Society were voted.

Dr. J. W. Bovée read a recommendation of the Surgeon General of the Army that necessary legislation be enacted to open the Surgeon General's Library on Sundays and holidays, and moved that the Society endorse this recommendation and urge that the legislation requested be enacted. Adopted.

Dr. Ales Hrdlicka called attention to the fact that many of the affluents of Rock Creek, which are frequented by pleasure seekers, are badly polluted and a source of danger to those drinking from them. He urged that the Society take steps to have these streams placarded with warning signs by some proper authority. Referred to the Committee on Sanitation and Hygiene.

Mr. T. P. Littlepage, from the War Savings Committee, briefly addressed the Society in the interest of the War Savings Stamp campaign.

Major John S. Fulton, M. R. C., addressed the Society on The History of vital and medical statistics. Discussed by Drs. Foote, Kober and I. S. Stone.

WASHINGTON MEDICAL ANNALS.

Journal of the Medical Society of the District of Columbia.

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2114 Eighteenth St., N. W.

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Editorial.

THE U. S. NAVY wants binoculars, spy glasses and telescopes. If you have any to spare, send to Hon. F. D. Roosevelt, Asst. Secretary of the Navy.

PUBLICATIONS OF THE MEDICAL SOCIETY AND ASSOCIATION.—In view of the prospective erection of a building as a home for the Medical Society it becomes desirable to make a collection of the publications of the Society and Association, for deposit in the new building. It is hoped, therefore, that members will bear the subject in mind and, as opportunity offers, get together such publications as they may have and turn them over to the Committee on History of the Society, of which Dr. I. S. Stone is Chairman.

CENTENNIAL NUMBER OF THE ANNALS, January, 1918.—Extra copies at 20 cents a piece may be obtained from the Chairman of the Committee on Publication, Dr. D. S. Lamb.

HISTORY OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.—Price \$1.00, with 25 cents added if delivered in this city or sent by mail. Address Dr. C. W. Franzoni, 605 I Street, N. W. The books are in the custody of Dr. D. S. Lamb, at the Army Medical Museum.

THE WASHINGTON MEDICAL ANNALS.—Back numbers.—Members of the Society who have back numbers of the ANNALS, and do not intend to preserve them, are requested to send them to the Chairman of the Publication Committee. Requests for such numbers are frequently received.

NOTICE. DISCUSSIONS.—If corrections of discussions do not appear in the text, it is because they have not been received in time.

THE MEDICAL SOCIETY, April 3, 1918, adopted the following resolution, requesting every member to send the following notice to his patients:

"Be it resolved that it is the sense of this Society that an earnest effort should be made to secure the coöperation of the public *to send calls for the physician as early in the day as possible.*"

This is urgently requested for the following reasons:

(1) A large number of members of the Medical Society have been called to serve in the Army and Navy.

(2) A great deal of time must be spent by many members of the Society in making physical examinations of the men called to the colors.

(3) A very large increase has taken place in the population of Washington without any relative increase, but as a matter of fact a decrease, in the number of physicians.

(4) Calling the physician early in the day means a great saving of time for him and better service for the patient, for the reason that it frequently happens that when the physician is called late in the day, he may have already been in the neighborhood of the patient who sends the belated message. This means an extra visit and a waste of energy for the physician and an unnecessary prolongation of the patient's suffering. Finally, let it be remembered that the high cost of living has hit the physician as well as other people, and unnecessary visits mean wasted gasoline, energy, automobile tires, etc., all of which are so badly needed by our Army and Navy in the fight for victory.

Be it therefore further resolved that this Society may find it necessary in the future, should other means be found unavailing, to recommend that an extra charge be made for all late calls, except those of an urgent emergency.

(Signed) C. N. CHIPMAN,
W. M. BARTON,
S. LOGAN OWENS,

Committee on Propaganda for Early Calls for Doctor.

AN IMPERATIVE APPEAL FOR MEDICAL OFFICERS.—An urgent and imperative appeal has just been issued by the Surgeon General of the United States Army for doctors for the Medical Reserve Corps.

There are 15,174 officers of the Medical Reserve Corps on active duty and the Medical Department of the Army has reached the limit of medical officers at the present time available for assignment. With these facts before the medical profession of this country, every doctor who is physically qualified for service between the ages of 21 and 55 years, should apply for a commission in the Medical Reserve Corps.

The Surgeon General says: "So far the United States has been involved only in the preparatory phase of this war. We are now about to enter upon the active or fighting phase, which will make enormous demands upon the resources of the country." The conservation of these resources, especially that of man-power, depends entirely upon an adequate medical service.

Drafts of men will continually follow drafts, each of which will require its proportionate number of medical officers, and there are at this time on the available list of the Medical Reserve Corps, an insufficient number to meet the demands of these drafts.

The necessity for the complete mobilization of the entire profession is imperative. It is not a question of a few hundred men volunteering for service, but of the mobilization of the entire profession for the conservation of the resources of the country. Every doctor who reads this appeal, an appeal based upon dire necessity, should act promptly and present his application for a commission in the Medical Reserve Corps at the nearest Medical Examining Board.

THE OTHER MEDICAL SOCIETIES OF THE DISTRICT OF COLUMBIA.

THE CASUALTY HOSPITAL MEDICAL SOCIETY.—Meets on the first Friday in October, December, February and April. President, J. D. Rogers; Vice President, W. P. Wood; Secretary, S. B. Pole; Treasurer, C. J. Murphy. It is composed of the following members: N. P. Barnes, J. C. Blackistone, J. H. Diggs, W. A. Frankland, R. M. LeComte, D. O. Leech, J. J. Madigan, W. C. Sparks, A. E. Pagan, C. J. Murphy, C. B. Conklin, R. F. Dunmire, H. Jaeger, S. B. Pole, W. P. Reeves, J. D. Rogers, C. S. White, W. P. Wood, J. J. Mundell, J. R. Wellington.

The object of the Society is to promote the welfare of the Casualty Hospital and Eastern Dispensary.

CLINICAL SOCIETY.—Officers: H. H. Donnally, President; D. Webster Prentiss, Secretary and Treasurer; J. D. Thomas and L. A. Johnson, Censors. The Society meets the second Monday of each month. It has an active membership limited to twenty-five and an inactive membership of those who have finished a term of ten or more years of active membership.

CLINICO-PATHOLOGICAL SOCIETY.—Active membership limited to 25. Inactive membership: those who have withdrawn from active membership after fifteen years. A limited honorary membership of eminent medical men. Meets on the first and third Tuesdays of the month from October to May, inclusive. Officers: Loren B. T. Johnson, President; Thos. S. Lee, First Vice President; Jos. S. Wall, Second Vice President; H. H. Donnally, Secretary-Treasurer.

EMERGENCY HOSPITAL CLUB.—This club was organized early in 1915 by the members of the Staff of the Central Dispensary and Emergency Hospital. Meetings are held on the second Saturday of each month from September to May, inclusive; the officers are as follows: President, V. B. Jackson; Vice President, Edgar Snowden; Secretary-Treasurer, E. M. Ellison.

FREEDMEN'S HOSPITAL MEDICAL SOCIETY.—Meets on the second Wednesday of each month from October to May, inclusive. Composed of physicians connected with the Staff of the Hospital and the Medical Faculty of Howard Medical School. Collins Marshall, President; C. A. Brooks, Vice President; C. A. Allen, Secretary-Treasurer.

GEORGETOWN CLINICAL SOCIETY; twenty-five active members, limited to graduates of the Medical Department of Georgetown University. Meets at the University Club on the third Tuesday in the month. John A. Foote, President; J. Russell Verbycke, Jr., Treasurer.

GEORGETOWN UNIVERSITY MEDICAL SOCIETY.—Meets on the fourth Saturday of the month at the University Hospital. The membership consists of the Alumni, Faculty and Senior Students of the Medical School. J. A. Gannon, President; T. F. Lowe, Vice President; J. M. Moser, Secretary-Treasurer.

GEORGE WASHINGTON UNIVERSITY MEDICAL SOCIETY.—Organized 1905; membership limited to Alumni of School and Members of the Faculty. Meets in the Medical Building on the third Saturday of each month from October to May. President, C. B. Conklin; Vice President, W. G. Young; Secretary, Thomas Miller; Treasurer, E. G. Seibert; President's Council, Truman Abbe, J. Lawn Thompson, John Van Rensselaer, E. P. Copeland and W. A. Frankland. Active membership, 169.

HIPPOCRATES AND GALEN SOCIETIES.—At a joint meeting of these societies Oct. 4, 1917, they were amalgamated under the name Hippocrates-Galen Society. The membership is limited to 35, with voluntary retired members after 10 years. Meets on second Thursday of each month from October to May, inclusive. President, Carl Henning; Vice President, R. R. Walker; Secretary-Treasurer, E. W. Titus.

MEDICAL HISTORY CLUB of Washington, D. C.—Officers: President, J. B. Nichols; Vice President, John A. Foote; Secretary, F. J. Stockman; Executive Committee, Frank Baker, F. H. Garrison, C. A. Pfender and the Officers. Members: Truman Abbe, Frank Baker, W. C. Borden, J. H. Bryan, G. Wythe Cook, John A. Foote, F. H. Garrison, Howard Hume, H. W. Lawson, W. J. Mallory, J. B. Nichols, C. A. Pfender, P. S. Roy, W. C. Rucker, F. J. Stockman, I. S. Stone, W. A. White.

MEDICAL AND SURGICAL SOCIETY of the District of Columbia.—President, E. P. Copeland; Vice President, H. H. Kerr; Secretary and Treasurer, L. Eliot; Asst. Secretary, J. H. Talbott; Executive Council, John Dunlop, H. P. Parker, H. G. Fuller, L. H. Reichelderfer and Eliot. The Society membership is limited to 25 active members; 10 honorary members; and inactive members, those who have completed a term of ten years service. The meetings are held on the first Thursday in each month from October to May.

SOCIETY OF MEDICAL JURISPRUDENCE, Washington, D. C.—President, Dr. D. P. Hickling; Vice President, J. M. Kenyon; Secretary-Treasurer, Spencer Gordon. Meets on the second Monday of each month from October to June at University Club. Has from forty to fifty members.

SOCIETY OF OPHTHALMOLOGISTS AND OTOLOGISTS, Washington, D. C., meets the third Friday of each month from October until May, inclusive. Officers: President, Mead Moore; Vice President, Carl Henning; Secy.-Treasurer, J. W. Burke. Active members: A. B. Bennett, Jr., J. W. Burke, V. Dabney, W. T. Davis, C. M. Hammett, Carl Henning, W. H. Huntington, E. B. Jones, A. H. Kimball, R. S. Lamb, F. B. Loring, O. A. M. McKimmie, W. B. Mason, Mead Moore, E. L. Morrison, S. B. Muncaster, W. F. Patten, J. J. Richardson, G. S. Saffold, E. G. Seibert, E. A. Taylor, R. R. Walker, W. A. Wells. Inactive members: J. H. Bryan, W. K. Butler, Wm. H. Fox, L. S. Greene, W. P. Malone, M. E. Miller, W. S. Newell, H. A. Polkinhorn, C. W. Richardson, D. K. Shute, W. H. Wilmer. Associate members: R. H. Goldthwaite, T. C. Lyster, G. B. Tribble.

SOCIETY OF MENTAL HYGIENE, District of Columbia.—President, Gen. Rupert Blue; Vice President, Cuno H. Rudolph; Treasurer, Miss Nellie Sedgley; Dr. Wm. A. White, Chairman Executive Committee; Dr. D. Percy Hickling, Secretary. Chief objects of the committee: To work for the conservation of mental health; for the prevention of mental disease and mental deficiency and for the improvement in the care and treatment of those suffering from nervous or mental diseases or mental deficiency.

SOCIETY OF SOCIAL HYGIENE, Washington, D. C.—President, Dr. Charles F. Stokes, U. S. Navy; Secretary, Lt. Col. J. R. Kean, U. S. Army, Surgeon General's Office. The Society has four committees, namely: Education, Venereal Diseases, Protection of Women and Children, and Psychopathology. Yearly dues, \$1.00. Persons desiring to become members should address Col. Kean and state to which committee they wish to be assigned.

THERAPEUTIC SOCIETY of the District of Columbia.—Meets at the G. W. School of Pharmacy, 808 I Street, N. W., on the first Saturday in each month. E. W. Burch, President; A. P. Tibbets, Secretary.

WALTER REED MEDICAL SOCIETY.—Meets on the fourth Thursday of every other month, from September to May inclusive. Composed of physicians located in the eastern part of Washington. J. S. Arnold, President; H. R. Schreiber, Vice President; M. H. Prosperi, Secretary; N. E. Webb, Treasurer.

WASHINGTON MEDICAL AND SURGICAL SOCIETY.—President, ————; Vice President, R. R. Walker; Secretary, Walter Van Sweringen; Treasurer, F. E. Gibson; Curator and Librarian, E. H. Egbert; Executive Committee: L. H. Taylor, Chairman, G. S. Clark, G. S. Barnhart; Program and Auditing Committee: Wm. A. Jack, Jr., Chairman, J. R. Nevitt, Walter Van Sweringen; Membership Committee: F. E. Gibson, Chairman, Wm. P. Reeves, Caryl Burbank.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY.—President, J. F. Moran; Vice Presidents, G. B. Miller, Prentiss Willson; Secretary, Truman Abbe; Treasurer, D. W. Prentiss. Retired members: G. N. Acker, S. S. Adams, E. A. Balloch, J. W. Bovée, W. S. Bowen, W. P. Carr, G. Wythe Cook, M. F. Cuthbert, H. D. Fry, J. T. Jolmson, D. G. Lewis, A. R. Shands, E. E. Morse, Elmer Sothoron, John Van Rensselaer.

WASHINGTON PSYCHOANALYTIC SOCIETY.—Meets the second Saturday of each month, from October to May, inclusive. Membership limited to 25. D. Percy Hickling, President; Alfred Glascock, Vice President; A. A. Wilson, Secretary.

WASHINGTON SOCIETY OF NERVOUS AND MENTAL DISEASES.—President, E. J. Kempf; Vice President, H. T. A. Lemon; Secretary-Treasurer, J. E. Lind. The Society has a limited membership of thirty, but welcomes Physicians and Surgeons interested in Neurology and Psychiatry. Meets monthly on the third Thursday at the Cosmos Club or a member's residence. The first meeting of the season was held at the home of Dr. W. M. Barton, January 17, 1918. Considerable discussion took place

as to the advisability of discontinuing the society for the time being, on account of war conditions, or at least of holding less frequent meetings. It was decided, however, to continue for the present and to meet on the third Thursday of each month.

THE WASHINGTON SURGICAL SOCIETY.—Meets at 1621 Conn. Ave. the third Friday of the month at 8 P. M. The officers are H. A. Fowler, President; D. W. Prentiss and Walter Webb, Vice Presidents; H. G. Fuller, Secretary, and J. A. Gannon, Treasurer. Members of Council, H. D. Fry, J. F. Moran and the officers.

WOMEN'S MEDICAL SOCIETY of the District of Columbia. —President, Mary O'Malley; Vice President, Amy J. Rule; Secretary and Treasurer, Laurretta E. Kress; Corresponding Secretary, Edith Se Ville Coale.

THE FOLLOWING BILL has been introduced in the House of Representatives, and a similar bill in the Senate.

IN THE HOUSE OF REPRESENTATIVES.

AUGUST 17, 1917.

MR. FOSTER introduced the following bill; which was referred to the Committee on the District of Columbia and ordered to be printed.

A BILL To incorporate the Medical Society of the District of Columbia.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That Doctors George Wythe Cook, Frank Leech, J. W. Chappell, E. G. Seibert, P. S. Roy, R. T. Holden, W. M. Barton, E. V. Davidson, J. B. Nichols, A. L. Stavelly, C. W. Franzoni, H. C. Macatee, D. S. Lamb, A. W. Boswell, and J. Lawn Thompson, and such other persons as they may associate with themselves, and their successors, are hereby incorporated under the name and title of the Medical Society of the District of Columbia, for the purpose of promoting and disseminating medical and surgical knowledge, and for no other purpose.

SEC. 2. That the Medical Society of the District of Columbia be, and it is hereby, empowered to own, mortgage, and convey such property as may be necessary for its purposes, and to make such rules and regulations as it may require, and which may not be repugnant to the Constitution and laws of the United States.

SEC. 3. That Congress reserves the right to alter, amend, or repeal this Act of incorporation of said society.

PRIZES.—The American Academy of Medicine announces two prizes as follows:

1st. For 1918, \$100.00. "The principles governing the physician's compensation in the various forms of social insurance."

2d. For 1921, \$250.00. "What effect has child labor on the growth of the body?"

For further information address Dr. T. W. Grayson, Secretary, 1101 Westinghouse Building, Pittsburgh, Pa.

THE PUBLIC LIBRARY OF THE CITY wants to get the following publications: WASHINGTON MEDICAL ANNALS for January, 1907. Also the following Regulations, etc., of the Medical Association of the District: 1833, 1845, 1848, 1854, 1861, 1870, 1873, 1878, 1890, 1893, 1909.

SPECIAL COMMITTEES.—*On Attendance*.—A. W. Boswell, chairman; S. S. Adams, W. M. Barton, A. J. Carrico, E. Y. Davidson, J. A. Gannon, C. W. Hyde, H. T. A. Lemon, C. A. Simpson, J. L. Thompson.

On Building.—E. Y. Davidson, chairman; C. W. Richardson, vice-chairman; J. L. Thompson, secretary; W. M. Barton, A. W. Boswell, W. P. Carr, E. P. Copeland, A. F. Foye, J. A. Gannon, W. C. Gwynn, F. R. Hagner, C. W. Hyde, W. A. Jack, Jr., V. B. Jackson, L. A. Johnson, L. B. T. Johnson, S. R. Karpeles, H. H. Kerr, D. O. Leech, H. T. A. Lemon, T. N. McLaughlin, H. C. Macatee, Louis Mackall, H. E. Martyn, W. G. Morgan, J. J. Mundell, J. B. Nichols, J. D. Rogers, P. S. Roy, E. G. Seibert, C. A. Simpson, J. A. Talbott, L. H. Taylor, A. R. Thomas, J. D. Thomas, C. L. Waters, C. S. White.

On Temporary Civilian Hospital.—S. S. Adams, N. P. Barnes, W. C. Borden, W. H. Fox, J. A. Gannon, W. A. Jack, Jr., H. M. Kaufman, Frank Leech, A. L. Stavely, I. S. Stone, Oscar Wilkinson.

On Contagious Diseases.—J. W. Lindsay, chairman; E. P. Copeland, H. H. Donnally, John Foote, W. J. French, G. B. Heinecke, Mary Holmes, D. O. Leech, Frank Leech, W. J. Mal-lory, M. H. Price, A. M. Ray, G. R. Sorrell, J. S. Wall, J. A. Watson.

On Federation.—R. A. Hooe, chairman; Truman Abbe, H. H. Donnally, L. Eliot, E. M. Ellison, Carl Henning, E. J. Kempf, J. J. Madigan, J. M. Moser, S. B. Pole, D. W. Prentiss, M. H. Prosperi, Amy J. Rule, C. A. Simpson, E. W. Titus, R. R. Walker, W. G. Young.

On History of Society.—I. S. Stone, chairman; Llewellyn Eliot, J. A. Foote, D. S. Lamb, Mary Parsons.

On Hygiene and Sanitation.—J. A. Murphy, chairman; J. A. Jeffries, G. M. Kober, C. K. Koonen, Martha B. Lyon, G. H. Magee, J. A. Talbott, W. J. G. Thomas, E. D. Thompson, M. F. Thompson, R. S. Trimble, W. C. Upham, M. C. Wall, C. A. Weaver, W. C. Woodward.

On Necrology.—J. W. Chappell, chairman; W. H. Atkinson, F. W. Braden, N. R. Jenner, Louise Tayler-Jones, E. L. Morgan.

On the Press.—L. B. T. Johnson, chairman; John Constas, W. B. Mason, E. H. Reede, Sterling Ruffin, A. R. Shands, A. A. Snyder.

On Schools.—A. Francis Foye, chairman; G. S. Barnhart, D. T. Birtwell, D. C. Chadwick, R. M. Ellyson, R. W. Frischkorn, S. H. Greene, G. H. Heitmuller, D. W. Higgins, L. M. Hynson, S. R. Karpeles, Isabel H. Lamb, H. C. Macatee, T. J. Rossiter.

On Tuberculosis.—W. D. Tewksbury, chairman; N. P. Barnes, E. C. Folkmar, Thos. Linville, M. D. Magee, J. W. Mankin, W. L. Masterson, F. H. Morhart, W. C. Moore, D. W. Mulcahy, Edgar Snowden, J. R. Tubman, W. F. Walter, G. W. Warren, G. W. Wood.

Trustees of the Medical Society.—E. Y. Davidson, C. W. Richardson, P. S. Roy.

District of Columbia State Committee. Council of National Defense, Medical Section.—Dr. E. Y. Davidson, chairman; Dr. H. C. Macatee, secretary; Dr. I. S. Stone, treasurer; members of Committee, Dr. S. S. Adams, Brig. Gen. Wm. H. Arthur, M. C., U. S. A.; Dr. J. Wesley Bovée, Surg. Gen. Rupert Blue, U. S. P. H. S.; Surg. Gen. W. C. Braisted, U. S. N.; Dr. G. Wythe Cook, Dr. E. Y. Davidson, Dr. B. L. Hardin, Maj. A. B. Hooe, M. R. C., U. S. A.; Dr. Frank Leech, Dr. H. C. Macatee, Dr. J. F. Mitchell, Dr. J. B. Nichols, Col. Robt. E. Noble, M. C., U. S. A.; Mr. Earle Phelps, Dr. J. J. Richardson, Dr. P. S. Roy, Dr. Sterling Ruffin, Dr. W. F. M. Sowers, Dr. I. S. Stone, Surgeon G. Tully Vaughan, U. S. N. R. F.; Maj. W. D. Webb, M. C., U. S. A.; Dr. Wm. H. Wilmer, Dr. W. C. Woodward.

NURSES.—The Medical Society recognizes the prevailing and increasing shortage of trained nurses and urges upon its members the duty of distributing the services of nurses still available in such manner as will best serve the public good; it therefore recommends that members will (1) discourage the employment of trained nurses except in cases in which the safety of the patient demands skilled care; (2) release nurses from the care of patients at the earliest possible moment, so as to make their services available to others; and (3) where possible utilize the services of hourly nurses and practical nurses. Adopted by the Society April 10, 1918.

ARSPHENAMINE AND NEOARSPHENAMINE.—In view of the reports in current medical literature of untoward results from the use of arspenamine and neoarsphenamine, it is requested that samples of any lots of these arsenicals which have shown undue toxicity be forwarded to the Hygienic Laboratory, Washington, for examination. In sending these samples it should be ascertained that the lot number is the same as that of the ampoules

used on patients. The samples sent should, if possible, be accompanied by a brief note stating the approximate body weight and age of the patient, the dose and dilution of the drug given, the symptoms and result; that is, whether fatal or not.

PUBLICATION OF MEDICAL AND SURGICAL PAPERS BY ARMY OFFICERS.—The Surgeon General of the Army has issued the following notice:

1. Attention of medical officers is directed to the provisions of paragraph 423, M. M. D.: "Medical officers will not publish professional papers requiring reference to official records or to experience gained in the discharge of their duties without the previous authority of the Surgeon General."

2. Numerous scientific papers written by officers of the Medical Department have recently appeared in the medical press without specific authority from the Surgeon General's office. This practice will be discontinued, and the above regulation will be strictly complied with.

3. Officers desiring publication of professional papers will submit two copies to the Surgeon General with request for permission to publish same. Upon approval, a copy will be forwarded to the journal designated by the officer for publication.

THE WASHINGTON EYE, EAR AND THROAT HOSPITAL, 2517 Pennsylvania Avenue, N. W., opened the new building Tuesday, May 7.

AMERICAN JOURNAL OF PHYSICAL ANTHROPOLOGY.—A new journal, the need of which has been felt intensively for many years, and a journal which should be of very considerable interest to many medical men, has just been established in Washington, in connection with the Smithsonian Institution. This is the *American Journal of Physical Anthropology*, edited by Dr. Ales Hrdlicka, Curator of Physical Anthropology, U. S. National Museum. It is worthy of remark that although every large European country, and even small countries like Portugal and Switzerland, have each at least one journal devoted largely or exclusively to Physical Anthropology, no such journal has yet existed on this continent, notwithstanding its richness in anthropological problems.

The important scope of the new journal is as follows:

I. *Research and Special*.—*a.* Man's Origin and Antiquity. *b.* Man's Development. *c.* Man's Variation. *d.* Heredity, Eugenics. *e.* Demography (vital and racial statistics). *f.* Abnormal Classes; Comparative Pathology. *x.* Anthropological Problems peculiar to the United States. *xx.* The American Indian.

II. *War Anthropology*.—*a.* The Peoples at War. *b.* Everything of Anthropological interest connected directly or indirectly with the war.

III. *American Collections*.—*a.* Description. *b.* Field work. *c.* Accessions. *d.* Installation and Exhibits.

IV. *Anthropometry and Methods in General*.—*a.* Objects. *b.* History. *c.* Systems and Instruments. *d.* International Agreements. *e.* Directions. *f.* Seriation; Curves; Biometric Methods. *g.* Illustrations. *h.* Methods of Excavation, Transportation, Preservation.

V. *Reviews and Bibliography*.

VI. *Current Anthropological News*.—*a.* Appointments, Promotions, Changes. *b.* Deaths. *c.* Special Lectures; Miscellaneous.

The Journal will appear quarterly. The first number will be issued in May, 1918. The yearly subscription price, in the United States and Canada, is \$5.00; in other countries, \$5.50. Address all remittances, correspondence and communications to Dr. A. Hrdlicka, Smithsonian Institution, Washington, D. C.

CANCER IN FRANCE.—A circular has been received from two army surgeons at Tours, France, inviting attention to a movement there toward founding an institute for the prevention and treatment of cancer by means of a hospital and corresponding laboratories, on about the same plan as those in New York, Chicago, London, etc., and asking for any assistance by means of donations or advice, that can be furnished. Those who are interested may address either of the following, both at the city of Tours: Major Joseph Thomas, Surgeon-in-Chief, Hospital No. 5, or Major Ledoux-Lebard, Chief of the Radiology Center, Descartes Hospital.

THE NEW BUILDING.

Interest in the building project of the Society continues. The second payment on the building site has been made, and the Building Committee feels assured that the balance due (\$7,500.00) will be paid this year. The present status of the building project is graphically shown in the frontispiece.

Contributions to the building fund of the Society have been received from the following members of the Society:

Atkinson, Wade H.	Bryan, Joseph H.
Avery, F. Scott	Burch, Edward W.
Bain, Seneca B.	Burke, John W.
Balloch, Edward A.	Carr, William P.
Barnes, Noble P.	Carmichael, Randolph B.
Boswell, Archie W.	Chipman, Cline N.
Bové, J. Wesley	Claytor, Thomas A.
Braden, Frank W.	Conklin, Coursen B.
Brandenburg, Wilbur H. R.	Conklin, Rush W.

- Constas, John
Copeland, Edgar P.
Cuthbert, Middleton F.
Davidson, Edward Y.
Dixon, Henry M.
Ellyson, Robert M.
Erving, Emma L.
Finley, Clara Bliss
Fisher, Raymond A.
Folkmar, Elnora C.
Foote, John A.
Foye, A. Frances
Franklin, Edmund T. M.
Frischkorn, Robert W.
Gannon, James A.
Garnett, A. Y. P.
Garrison, Fielding H.
Gibson, Frank E.
Gill, William T.
Gray, Augustus C.
Groover, Thomas A.
Gunning, Edward J.
Gwynn, William C.
Hagner, Francis R.
Hammett, Chas. M.
Hardin, Bernard L.
Henning, Carl
Higgins, Daniel W.
Hilton, Samuel L.
Holden, Raymond T.
Holmes, Mary
Hooe, R. Arthur
Hough, William H.
Howard, Leland O.
Huntington, William H.
Hurtt, Harry
Hyde, Chas. W.
Jack, William A., Jr.
Jackson, Virgil B.
Jaeger, Henry W.
Johnson, J. Taber
Johnson, Loren B. T.
Johnson, Louis A.
Johnson, Paul B. A.
Karpeles, Simon R.
Kelly, J. Thomas, Jr.
Kerr, Henry H.
Key, Sothoron
Kober, George M.
Lamb, Robert S.
Leech, Frank
Lemon, Hanson T. A.
Lewis, Duff G.
Lewis, Harry S.
Lindsay, Janvier W.
Luckett, L. Fleet
McCarthy, Joseph J.
McLaughlin, Thomas N.
Macatee, Henry C.
Mackall, Louis
Magee, George H.
Magee, M. D'Arcy
Martin, Thos. Chas.
Marty, Herbert E.
Mason, Robert F.
Mason, William B.
Merrill, Walter H.
Miller, G. Brown
Miner, Francis H.
Mistretta, Ferdinand H.
Morgan, Edwin L.
Morgan, James D.
Morgan, Wm. Gerry
Moulden, William R.
Muncaster, Steuart B.
Mundell, Joseph J.
Nevitt, J. Ramsay
Newgarden, George J.
Nichols, John B.
O'Malley, Mary
Owen, William O.
Owens, S. Logan
Patten, William F.
Perkins, W. Robert
Pfender, Chas. A.
Prentiss, D. Webster
Randolph, Buckner M.
Reeves, William P.
Richardson, Chas. W.
Richardson, James J.
Rives, William C.
Rogers, Joseph D.
Roy, Philip S.
Ruffin, Sterling
Rule, Amy J.
Russell, Murray A.

Savage, Linnaeus S.	Tewksbury, William D.
Schreiber, H. R.	Thomas, Ada R.
Shands, Aurelius R.	Thomas, William J. G.
Shute, D. Kerfoot	Thompson, J. Lawn
Simpson, C. Augustus	Trimble, Robert S.
Simpson, J. Crayke	Valentine, Aloysius W.
Skinner, J. O.	Vaughan, George Tully
Snyder, Arthur A.	Verbrycke, J. Russell, Jr.
Stavely, Albert L.	Warren, George W.
Stewart, John W.	White, Chas. Stanley
Stone, Isaac S.	Wood, George W.
Stoutenburgh, John A.	Woodward, William C.
Talbott, John A.	Yates, Frederick
Taylor, Eugene A.	Young, William G.
Taylor, Lewis H.	

REVIEW.

DISEASES OF THE SKIN. By MELTON B. HARTZELL, A. M., M. D., LL. D., Professor of Dermatology in the University of Pennsylvania. J. B. LIPPINCOTT & Co. Price, \$7.00.

A new work on "Diseases of the Skin" by a dermatologist of Hartzell's ability, experience and standing naturally merits a careful reading.

The reviewer regrets that he cannot consider it in the same class with the large books of Stelwagon, Pusey, Ormsby and Sutton. For this there are several reasons. The text is concise, and most of the descriptions are excellent, but much of the late work on dermatology is omitted. For instance, the author does not mention the importance that focal infections are assuming in the causation of certain skin diseases. In the chapter on General Therapeutics he well describes the action of drugs, but skims over the action of all other agents; the various surgical procedures are totally ignored, the Kromayer lamp is not described, and the technique and *modus operandi* of the Roentgen ray are neglected. To some extent this latter deficiency is made up in some of the following chapters, notably in the section devoted to Tinea Tonsurans, but this hardly seems to be the place to describe such an important therapeutic agent. In speaking of psoriasis he says nothing of autoserum therapy, either to praise or to blame; this hardly seems wise in view of the praise that this method of treatment has received at certain hands, even though the value is decidedly doubtful. Rosenow's work on the etiology of herpes zoster is ignored. The newer methods of using silver salts in impetigo are not mentioned; the section on the treatment of syphilis is too short, and the amount of treatment advocated is not sufficient to meet present-day views. The extreme value of

mercury injections in lichen planus is not described. *Tinea versicolor* is classed among the anomalies of pigmentation, although stated to be due to an animal parasite. The section on cancer is most unsatisfactory, the differences between basal and prickle-celled growths being described only under the pathology of the conditions, and not under the clinical course, which is radically different in the two conditions. The modern classification of the seborrhoeas is not mentioned. In dealing with the etiology of pruritus ani Hartzell says no word of the possibility of rectal disease being the cause. There is no bibliography.

The chief claim to merit in the book is the number of color illustrations from color plates. Unfortunately, many of these do not show true color values or are lacking in detail. The other illustrations, however, are excellent and are not excelled in any work.

The publishers have done their work well; the book is attractively printed, and there are but few typographical errors.

H. H. HAZEN.

RECENT PUBLICATIONS OF THE PHYSICIANS OF THE DISTRICT OF COLUMBIA.

W. M. Barton; Manual of vital function testing methods; Review in *Jour. Mo. State Med. Assn.*, May, 195. Also in *Jour. Nat. Med. Assn.*, Jan'y-Mch., 55. Also in *Jour. Mich. State Med. Soc.*, May, 245.

W. D. Bigelow; Problems of canning operations; *Amer. Jour. Pub. Hlth.*, March, 212.

J. W. Bovée; Conflict of clinical with microscopic evidence in diagnosis of tubal and ovarian pregnancies; *Amer. Jour. Obstet.*, March, 370.

E. G. Brackett; Rehabilitation of diseased and injured soldiers due to war; *Amer. Jour. Pub. Hlth.*, January, 11.

H. Burden; Present status of preservation of food by canning and possibilities of increase; *Ibid.*, March, 195.

G. E. Bushnell, U. S. A.; Manifest pulmonary tuberculosis; *Med. Record. N. Y.*, April 6, 575. Also, Lessons from the war as to tuberculosis; *Jour. A. M. A.*, March 9, 663.

W. E. Clark; Treatment of infected wounds with dichloramine T; *Med. and Surg.*, February, 152.

R. L. Cook, M. R. C.; Surgical treatment of epididymitis; *Ibid.*, April 6, 981.

V. Dabney; Syphilis of ear; *Amer. Jour. Syphilis*, January, 26.

U. J. Daniels; Blood picture in tuberculosis; *Jour. Nat. Med. Assn.*, January-March, 38.

F. S. Echols; Anesthesia and the anesthetist; *Va. Med. Semi-Mo.*, 1917, xxii, 375; abstract in *Surg. Gynec. and Obstet.*, April, 314.

E. A. Fennel; The Dreyer method of agglutination; *Jour. A. M. A.*, March 2, 590.

H. A. Fowler; Syphilis of kidney; *Med. and Surg.*, January, 54.

F. H. Garrison; History of Medicine. Review in *Jour. Arkansas Med. Soc.*, February, 208. Also in *Jour. Mo. State Med. Assn.*, April, 143.

W. C. Gorgas, U. S. A.; Venereal diseases and war; *Amer. Jour. Pub. Hlth.*, February, 107. Also, Notes for army medical officers. Review in *Journal Arkansas Med. Soc.*, February, 207.

A. Hamilton; Fight against industrial diseases; *Penna. Med. Jour.*, March, 378.

H. E. Haseltine, P. H. S.; The bacteriological examination of water; Reprint 432, *Pub. Hlth. Rep.*, November 9, 1917.

H. H. Hazen; Syphilis and war; *Amer. Jour. Syphilis*, January, 144. Also, More contract surgeons; *Jour. A. M. A.*, April 20, 1184. Also, Dermatology and War; *Med. and Surg.*, February, 145.

H. D. Jump; Medical Reserve Corps; *Vermont Med.*, March, 55.

F. Jung; Treatment of eclampsia; *Deutsch. Med. Woch.*, 1917, xliii, No. 8; abstract in *Surg. Gynec. and Obstet.*, April, 370.

W. W. Keen; Red Cross and antivivisectionists; *Nebraska State Med. Jour.*, March, 1876. Also in *Pub. Hlth. Jour.*, Toronto, March, 119. Also, Medical research and human welfare, 160 pp.; review in *Science*, April 26, 419; also in *Amer. Jour. Surg.*, April, 95.

R. S. Lamb; Theory as to etiology of glaucoma; *Amer. Jour. Ophthal.*, March, 183.

J. P. Leake, Joseph Bolten and H. F. Smith, P. H. S.; Winter outbreak of poliomyelitis at Elkins, W. Va., 1916-17; reprint 437, *Pub. Hlth. Rep.*, November 30, 1917.

R. W. Lovett, M. R. C.; Plea for more fundamental method in medical teaching; *Jour. A. M. A.*, April 13, 1870.

C. C. McCulloch, U. S. A.; Dengue fever; *New Orleans M. S. Jour.*, March, 694. Also, Prevention of dysentery in army camps; *Med. Record, N. Y.*, March 23, 487.

J. J. Madigan and T. V. Moore; Dystrophia adiposogenitalis; *Jour. A. M. A.*, March 9, 669.

H. E. Mock, M. R. C.; Reconstruction and rehabilitation of the disabled soldier; *Penna. Med. Jour.*, March, 369.

Robert Oden; Systematic therapeutic exercises in the management of the paralysis in hemiplegia; *Jour. A. M. A.*, March 23, 828.

E. C. Rice; Podiatry orthopedics; resetting the dislocated os calcis; *Items*, December.

W. Salant and H. Connet; Action of an isomer of caffen; *Jour. Phram. and Exp. Therap.*, February, '81.

W. Salant and A. M. Swanson; Action of tartrates, citrates and oxalates. Study in tolerance, cumulation and effect of diet; *Ibid.*, March, 133. Also, Influence of diet on toxicity of sodium tartrate; *Ibid.*, February, 27. Also, Protective action of diet against tartrate nephritis; *Ibid.*, 43.

J. W. Schereschewsky, P. H. S.; Some medical and surgical problems and their solution; *Penna. Med. Jour.*, March, 355. Also, Methods of prevention and control of disease in war industries; *N. Y. Med. Jour.*, March 16, 506, and *Med. Record, N. Y.*, April 6, 585.

A. H. Schultz; Position of insertion of pectoralis major and deltoid muscles on humerus of man; *Amer. Jour. Anat.*, January, 155. Also, Fontanella metopica and its remnants in an adult skull; *Ibid.*, March, 259.

E. G. Seibert, M. R. C.; Effects of high altitudes on efficiency of aviators; *Mil. Surgeon*, February, 145.

R. W. Shufeldt, U.S.A.; Activities incident to the war as seen at the Army Medical Museum, in Washington; *Med. Rev. Rev.*, March, 137. Also, Vertebrate types below man in the collections of the Army Medical Museum; *Ibid.*, May, 268. Also, Teratologic collection of the Army Medical Museum; *Med. Record, N. Y.*, April 13, 620.

H. M. Smith; The contributions of zoölogy to human welfare; *Science*, March 29, 299.

C. W. Stiles; Three unusual cases of parasitism in man; *Jour. Parasit.*, March, 138.

E. R. Stitt, U. S. N.; Diagnostics and treatment of tropical diseases; review in *New Orleans M. and S. Jour.*, May, 858.

H. F. Stoll, M. R. C.; Simplified rule for tuberculosis examinations; *Jour. A. M. A.*, March 2, 605.

I. S. Stone; Development and perfection of the interposition operation for prolapse of the uterus and bladder; *Trans. South. Surg. Assn.*, December, 1917; abstract in *Surg. Gynec. and Obstet.*, April, 367.

J. K. Thibault, Jr.; Vegetable powder as a larvicide to fight against mosquitoes; *Jour. A. M. A.*, April 27, 1215.

J. B. Walker and C. C. Cody, Jr.; Organization of hospital for treatment of fractures; *South. Med. Jour.*, March, 242.

J. A. Watkins, P. H. S.; Mitigation of the heat hazard in industries; reprint 441, from *Pub. Hlth. Rep.*, December 14, 1917.

W. A. White; Problem of individual patient in large hospitals; *Amer. Jour. Insan.*, January, 405. Also, Principles of mental hygiene; review in *Calif. State Jour. Med.*, May, 262.

W. A. White and S. E. Jelliffe; Principles of mental hygiene; review in *Jour. Indiana State Med. Assn.*, April, 179; in *West.*

Med. Times, April, 424, and in *New Orleans M. and S. Jour.*, May, 856.

E. R. Whitmore, U. S. A.; Dysentery and its relation to camp life; *Penna. Med. Jour.*, February, 273. Also, Bird malaria and pathogenesis of relapse in human malaria; *Bull. Johns Hop. Hospital*, March, 62; abstract in *Jour. A. M. A.*, April 6, 1035.

E. R. Whitmore and E. A. Fennel, U. S. A.; Experimental investigation of lipovaccines; *Jour. A. M. A.*, March 30, 902.

T. A. Williams; Diagnosis of traumatic neurosis in relation to litigation and compensation; *Arch. Diag.*, October, 1917, 371.

PERSONAL NOTES.

Dr. S. S. Adams, at the twenty-ninth session of the American Pediatric Society, held at White Sulphur Springs, Va., in May, 1917, was presented with a silver traveling clock in recognition of his having served as Secretary for twenty-five years, 1891 to 1916.

Dr. Isidor S. Bermann, a member of this Society, died April 6.

Dr. Julia R. Hall, of 913 S street N. W., died April 28.

Mrs. Clarinda M. Pittis, wife of the late Dr. Wm. Pittis, died April 15, in her 76th year.

Mrs. Buckner M. Randolph died April 25 of pneumonia.

Dr. L. H. Reichelderfer has been promoted to Lieutenant Colonel in the National Guard, and transferred to Camp Gordon, Ga., in command of the 307th Sanitary Train.

Thomas Ready, father of Dr. M. J. Ready, died May 3.

Dr. George Christian Schaeffer, son of the late Prof. G. C. Schaeffer, and brother of the late Dr. E. M. Schaeffer, died March 28.

CHANGES IN LOCATION OF PHYSICIANS OF THE DISTRICT OF COLUMBIA, SERVING IN THE MEDICAL RESERVE CORPS.

Major R. D. Adams to Fort Ogelthorpe.

Lieutenant J. H. Allen to Camp Gordon, Ga.

Captain C. L. Barber, to Fort Oglethorpe.

Captain F. L. Biscoe to Chickamauga Park, Ga.

Lieutenant C. F. Booe to Camp Devens, Ayer, Mass.

Lieutenant J. W. Bovée, honorably discharged.

Major S. D. Breckinridge to Camp Meade.

Lieutenant J. A. Cahill to Bellevue Hospital.

Lieutenant S. C. Cousins to Camp Meade.

Lieutenant O. C. Cox to New Orleans.

Lieutenant G. von P. Davis to Fort Oglethorpe.

Lieutenant R. H. Davis to Camp Zachary Taylor.
Captain H. C. Drew to Fort Oglethorpe.
Captain L. C. Ecker to Fort Oglethorpe.
Major W. E. Erving to Washington.
Captain A. J. Hall to Hoboken, N. J.
Captain E. M. Hasbrouck, discharged from service.
Major J. M. Heller to Fort Riley, Kansas.
Captain W. M. Hunt to Hoboken, N. J.
Major H. H. Kerr to Camp Meigs.
Lieutenant J. J. Kilroy, Medical Aid to District Commissioners.
Lieutenant H. C. King to Camp Meade.
Major J. J. Kinyoun to Raleigh, N. C.
Captain H. S. Lewis to Camp McArthur, Waco, Texas.
Captain W. H. Littlepage to Camp Forrest, Chickamauga Park,
Ga.
Captain W. B. McDermott to Fort Riley, Kans.
Lieutenant A. M. McDonald to Fort Oglethorpe.
Captain J. J. Madigan to Camp Zachary Taylor.
Captain W. J. Manning to Fort Oglethorpe.
Major J. F. Mitchell to Camp Lee, Va.
Lieutenant A. J. Molzahn to Walter Reed Hospital.
Captain O. L. Muench to Fort Riley, Kansas.
Captain C. J. Murphy, honorably discharged.
Lieutenant W. H. Norton to Camp Hancock, Augusta, Ga.
Lieutenant W. P. O'Donnell to Fort Oglethorpe.
Lieutenant J. J. O'Leary to Camp Upton, Long Island, N. Y.
Captain J. B. Piggott to Camp Meade.
Lieutenant D. W. Prentiss to Fort Oglethorpe.
Lieutenant Colonel L. H. Reichelderfer, National Guard, to
Camp Gordon, Ga.
Lieutenant E. C. Rice to Camp Hancock, Augusta, Ga.
Major C. W. Richardson to Philadelphia.
Captain C. S. Robbins to Camp Crane, Allentown, Pa.
Captain H. L. Schurmeier to Harvard Medical College.
Captain N. J. Simmons to Fort Oglethorpe.
Lieutenant Edgar Snowden to Hoboken, N. J.
Lieutenant M. H. Spellman to Fort Oglethorpe.
Lieutenant J. D. Stout to Fort McHenry.
Captain J. A. Talbott to Allentown, Pa., Concentration Camp.
Captain J. D. Thomas to Camp Sevier, Greenville, S. C.
Captain E. D. Thompson to Camp Meade.
Lieutenant J. R. Villamil to San Juan, Porto Rico.
Captain R. H. Williams to Fort Oglethorpe.
Lieutenant V. B. Williams to Camp Meade.
Captain M. C. Winternitz to Surgeon General's Office.
Lieutenant J. J. Woisard to Fort Oglethorpe.

WASHINGTON MEDICAL ANNALS

HERNIA INTO THE LESSER PERITONEAL CAVITY THROUGH THE FORAMEN OF WINSLOW.*

BY I. S. STONE, M. D., F. A. C. S.,

Of the varieties of internal hernia, that into the foramen of Winslow is perhaps the most frequently seen. Authors appear to agree that Rokitsansky, in 1842, was the first to record a description of an authentic case of this interesting form of intestinal occlusion.

The foramen is immediately under the caudate lobe of the liver, and if we lift up that organ and draw it forward we can inspect and explore the foramen and the nearby lesser peritoneal cavity. It easily admits the exploring finger, and surgeons become quite familiar with the locality by frequent study of the pancreas, bile ducts and duodenum.

Conditions favoring this form of hernia are: 1st. Abnormally large foramina; 2d. Undeveloped mesentery of ascending and transverse colon; 3d. A single mesentery for the entire length of the alimentary canal.

Not over 35 cases of internal hernia have been reported. Of these, twenty are considered authenticated cases of hernia into the foramen of Winslow. All cases save two have occurred in adult males and not more than four recoveries are reported in the surgery for this condition.

Mr. O., a retired business man, after a hearty meal, was suddenly seized with pain in the epigastrium and intense nausea, which was soon followed by all of the symptoms usually seen in complete intestinal obstruction. Four days passed before he reached the Georgetown University Hospital, during which time he had been subjected to useless purgative treatment. The amount of fluids ejected by the mouth was extraordinarily large. He was in shock with all of the symptoms usually seen, but without hemorrhage. The diagnosis was volvulus or intussusception.

*Read before the Medical Society April 17, 1918.

Ether anaesthesia. Upper right rectus incision. At once we encountered the greatly distended small intestine which at first concealed the incarcerated colon and lower ileum which had been forced through the foramen, drawing the corresponding mesentery into a tense band which easily led to the point of constriction. By careful dilatation the opening was enlarged sufficiently to permit extraction of the incarcerated intestine. The bowel was considered in sufficiently good condition to be safely returned and the abdomen was closed without drainage, as there was no evidence of peritonitis. The immediate result of the operation was relief from the almost constant vomiting. The patient began to take liquids and we began to have hope of his recovery until the third day, when an uncontrollable diarrhea set in and carried off the patient six days after the operation. On reopening the abdomen after death, we found substantially the same appearance of all peritoneal surfaces as before except for numerous small ecchymoses or minute subperitoneal hemorrhages.

The patient had a marked arteriosclerosis and a heavy trace of albumin in his urine, which may be explained by the presence of a large right kidney and a very small one on the left side, both possibly the seat of disease. However, the toxæmia resulting from the obstruction appeared to cause urinary suppression and colliquative diarrhea, which proved fatal. The patient's pulse and temperature gradually rose toward the last days of the attack.

Dr. D. G. Lewis said that Dr. Stone would probably remember a case which they had jointly seen some years ago: that of a child with diaphragmatic pleuro-pneumonia. Great abdominal distention appeared in the course of the illness and a laparotomy was done; it was found that there were areas of the bowel tremendously distended, while other portions were spastic. He felt that there is a factor to be reckoned with in such cases connected with the operations of the sympathetic nervous system, concerning which we now know very little.

Dr. C. N. Chipman commenting on the toxic substance formed in obstructed loops of bowel, asked Dr. Stone's opinion about the possibility of washing out those portions of the upper bowel, from which the poison is secreted, with salt solution at the time of operation; would such a procedure relieve the symptoms?

Dr. Stone did not know what effect washing out the obstructed bowel would have had in this case. Theoretically such a procedure might do good if the necessary surgical manipulations could be borne by the patient. In the case just reported it was deemed best to relieve the immediate surgical condition and leave the rest to nature; but such damage had already been done, the patient was so thoroughly toxic that a most exhaustive colliquative diarrhea set in, with the subsequent death of the patient.

THE CARE OF THE CHILD THROUGHOUT THE AGES.
AUTHOR'S ABSTRACT.*

By JOHN A. FOOTE, M. D.,

Washington, D. C.

The ancients treated children as creatures, not as human beings. Cruelties worse than any savage tribe practices today were visited on the newborn by Greece and Rome. There are only indifferent references to children in the literature of this period. Painting and decorative arts give us some knowledge, but it is fragmentary. It was during the middle ages and the renaissance that the child came into his own in art. The painters of Flanders, Holland and Germany excelled in natural pictures of the child of the period as subjects for religious paintings. Customs of swaddling, bathing, feeding, etc., may be learned from these pictures and old paintings. The lying-in room was a favorite subject.

Toward the twentieth century the child was painted and admired from a natural rather than a supernatural motive.

[Over 100 lantern slides showing the ancient manuscripts, books and paintings relating to children were shown, as well as many representations of the child by modern artists in painting and sculpture.] These representations of infant care teach us that the people of all periods were confronted with the same problems that confront us, in the artificial feeding and care of the child. That they attempted to solve these problems in their own way and that they did fairly well, considering their limitations of knowledge and the difficulty of its diffusion, are facts of which we have visual proof in these pictures.

Dr. P. S. Roy said that Dr. Foote should not have left out of his admirable paper the love of the child as exemplified by the early Jews, as, for example, when David spent three days and nights in fasting and prayer for the recovery of his sick child.

Dr. G. M. Kober wished to express his appreciation of the paper and to congratulate the world upon the great progress which has been made in learning how to care for the children. We are in the midst of unexampled efforts to save for the race the great economic value wrapped up in each infant human life.

Dr. Ales Hrdlicka wished to clear up a possible source of misapprehension occasioned by the paper. He had studied primitive races on this and other continents, and he felt that he could say somewhat authoritatively that the feeling of affection of parents for their children seems to be quite as well developed among primitive peoples as among the civilized. The mother particularly has strong attachment for the children; the father,

* Read before the Medical Society April 24, 1918.

on the other hand, has to provide food for the family and has no time to care directly for the children; there is no vicious neglect. Economic and other reasons often lead to infanticide among primitive races, as had been indicated in the paper, but this is always undertaken with great reluctance and is regarded as a family calamity; the children are saved if any alternative can be found. Among Indians, as among other primitive peoples, the birth rate is high; the average Indian woman bears nine children, but she rears only two and a fraction; this is not due to indifference or neglect, but to ignorance of principles of feeding and general hygiene.

Dr. Isabel H. Lamb said that all could appreciate the central lesson of Dr. Foote's paper, namely, that the little child is a nation's chief asset. Any money and effort spent on the welfare of the children will yield manifold returns.

Dr. W. A. White said that, from the psychological point of view, the great interest in the child during recent years has led to a new department of psychology, genetic psychology. And this study of child psychology has led to great insight into adult psychology. It was the old idea that children were only "little men"; but we know now that children have to go through long evolutionary phases of mental development, and need play and child life unrestrained in order that their development may be normal. We have also learned that many criminal and insane tendencies are merely survivals of child psychology in the adult. All this leads to new ideas in pedagogics and criminology.

Dr. I. S. Stone said that the paper served to stimulate many thoughts, and among them one which he had often entertained: that instinctive mother love has been greatly changed by custom, fashion and false teaching. Primitive mother love has been less variable than the parental love of civilized peoples. It is interesting to think what the medical profession has had to combat in order to secure a valid conception of the value of child life.

Dr. Foote said that the paper was so long he had hardly thought that any would wish to discuss it. He appreciated greatly Dr. Hrdlicka's remarks; he was glad to know the facts as they were presented by him. Dr. White's remarks were interesting and instructive.

HARD CASE—"Here's a story about a man who got a piece of ice lodged in his throat and choked to death."

"Ah, another case of death from hard drink."—*Ohio Sun-Dial*.

CASE OF OVARIAN TUMOR IN A MULATTO.*

BY I. S. STONE, M. D., F. A. C. S.,

Washington, D. C.

Dr. I. S. Stone reported a case of ovarian tumor in a mulatto, aged 57, and presented the specimen.

The patient was admitted to Columbia Hospital May 18, 1918, with abdominal pain in or about a tumor which she had known to be present for at least fifteen years. Recently she had been having a moderate amount of pain which had caused her to seek hospital treatment. Her general health had been good and she had not had hemorrhages or other symptoms of fibroma.

The diagnosis was most uncertain. There was entire absence of fluctuation and, owing to the rarity of ovarian tumors in negro women, the chances favored the theory of fibroma with some form of degeneration. At the operation we found an ovarian dermoid cyst with twisted pedicle ($2\frac{1}{2}$ times), very thick walls filled with semi-solid fatty matter, and a small quantity of hair, the whole mass weighing 51 ounces. The thickness of the cyst wall and nature of the contents of the tumor explained the absence of fluctuation. The patient promptly recovered.

Dr. A. B. Hooe said that Dr. Stone's comment on the rarity of ovarian tumors in the colored race reminded him of a colored woman he had seen several years ago who had one of the largest ovarian tumors he had ever encountered. She would not permit its removal by operation; had she done so it would almost have been a case of removing the woman from the cyst.

Dr. Stone said that as he understood Dr. Hooe's remarks, there had been no operation and no necropsy in the case reported; it must remain undecided whether this was truly an ovarian cyst. The largest tumor Dr. Stone had ever seen was a cystic degeneration of a pedunculated tumor, a true parasitic tumor. The patient died during its removal.

* Reported to the Medical Society May 22, 1918.

LOGIC—"Did you ever have a cold," inquired the practical gentleman, "that you couldn't get rid of?"

"No," answered the purist damsel, "if I had, I would have it now."

SYMPOSIUM ON THE CONTROL OF VENEREAL DISEASES.*

Reported by DR. PAUL B. JOHNSON, Washington, D. C.

1. CONTROL OF VENEREAL DISEASES OF THE UNITED STATES ARMY.

Major William F. Snow, M. R. C., Section on Combating Venereal Diseases, Surgeon General's Office.

The speaker summarized the growth of sentiment in favor of the control of venereal diseases and the promotion of social hygiene in this country. He noted particularly the rapid progress made in the last eight or ten months after the Government's program for the control of venereal diseases had been widely advertised and had become better understood. He outlined the relation of the problem of preventive medicine and that of the moral issues as involved in this subject. He presented a brief summary of the scientific measures which have been developed, in relation to both the diagnosis and treatment of syphilis and gonorrhea, and which make it now possible to combat these diseases intelligently and effectively, as is possible in the case of few other diseases besides malaria.

The incentive of war has stimulated the attempt on the part of the Government and the several States to put these measures into effective operation. In addition, the importance of education is recognized as being effective in the same way that it has in the case of tuberculosis.

He briefly described the program of the Surgeon General's Office. Every man's venereal status is taken at his entry into the army and is continued by bi-weekly examinations afterwards. The methods of prevention fall largely into three classes or three lines of defense: The first includes all measures designed to prevent infection; the second, the prompt, early treatment of all who expose themselves to infection in spite of the efforts made to prevent it; and, third, the careful treatment of all developed cases. The attempt is made to lessen the desire for exposure to venereal disease on the part of the men by provision of ample recreational facilities and active interests to engross their attention when off duty.

The number of carriers is reduced by making prostitution as inaccessible as possible and by the cure of infectious cases in civilian clinics.

The Army has a sanitary corps for fighting venereal diseases on the same basis as malaria. These men are chiefly lawyers who

* Meeting of the Medical Society May 15, 1918.

have brought about the elimination of the segregated vice districts which harbor the carriers of venereal infection, as a malarial swamp harbors the *Anopheles* mosquito.

The Public Health Service and the American Red Cross have combined to furnish workers and funds for isolating and treating infected persons in the civilian population.

The medical profession has the largest part in this problem because of the number of infected civilians in their hands for treatment. Therefore, it becomes the very important patriotic duty of physicians generally not merely to endeavor to cure their patients as rapidly as possible, but to instruct them in the methods of preventing the spread of their disease to others and in the necessity of avoiding future exposures.

The army rates during the last few years before the war were 30 per cent lower than formerly. Since the beginning of the war they have been still further lowered by from 15 per cent to 50 per cent more. There have been in the Army over 60,000 cases of venereal disease to date, though a very large proportion of these were contracted in civilian life and thus brought into the Army. The rate of infections contracted after enlistment, and particularly after coming under the Army discipline and regime, is very low.

It is well recognized by the Surgeon General that the venereal diseases form the largest preventive medicine problem in the Army, since they disable so many men and make them ineffective as fighters for so long a time, longer than does the average battle wound.

2. THE PUBLIC HEALTH SERVICE AND THE CONTROL OF VENE- REAL DISEASES.

Passed Assistant Surgeon J. G. Wilson, P. H. S.

The Public Health Service is endeavoring to get results in the prevention of venereal diseases by encouraging the adoption of uniform Board of Health regulations throughout the different States. The health officers, just as the population in general, have needed stimulation for taking up this last great problem in preventive medicine. One State had good machinery on paper, but no work accomplished and a careless attitude towards the problem. This was typical of others.

Twenty-four States now have bureaus of venereal diseases; fourteen have Public Health Service officers in uniform detailed for this work, or soon to be detailed, paid by the Public Health Service or by the State or by both together.

The Public Health Service is emphasizing four things: compulsory notification of venereal diseases, repression of prostitution, public education, and treatment.

Twenty-three clinics have already been started in coöperation with the American Red Cross. The States must establish chains of clinics as centers of treatment and of education. There must be coöperation with the courts and the police for the detaining and treatment of arrested individuals.

There is great need of funds for caring for these detained individuals. The mere matter of subsistence is a great burden upon the local city or community. Twenty States have now passed laws or regulations for the quarantine of venereal diseases, as in the case of other communicable diseases. This would not have been thought of six months ago. Altogether, the outlook is most encouraging the country over.

3. THE AMERICAN RED CROSS AND THE VENEREAL DISEASE CLINICS.

Surgeon Taliaferro Clark, P. H. S., representing the American Red Cross.

The American Red Cross is acting in an emergency capacity. The greatest need for guarding the health of soldiers outside the camps was for fighting communicable diseases. The Red Cross is treating the venereal diseases simply as a disease problem, leaving the moral and educational work in the hands of other organizations.

In these camp communities the Red Cross Unit has the local Public Health Service officer as director, and a local business man as fiscal agent. Medical treatment is given by a physician supplied by the Public Health Service. The Army gives a sanitary corps officer for law enforcement work. The Red Cross gives nursing services and equipment. The local people supply quarters and police women, if possible. A social service worker is often employed by the Red Cross or the Public Health Service. Funds for hospital treatment come from the Red Cross. These United States clinics supply arsphenamine as needed. Up to this time the Red Cross has allotted for the maintenance of these clinics over \$66,000, and has treated 11,825 cases of venereal diseases.

This great work is destined to awaken the general public to a knowledge of the importance of the venereal diseases and their effects on posterity, and the people will know what constitutes proper treatment, and will demand it. The clinics are an important agency for education, not only by means of the daily contact of the patients with the rational, scientific management of their disease, but also by means of the literature which is distributed to the patients. The doctor in El Paso even has the patient read this literature aloud at the clinic.

These clinics are treating and curing the civilian sources of infection from which soldiers acquire their diseases; 120 cases at

Camp Wheeler were traced to one such source of infection. It is not only infected women, however, that these clinics reach, because venereal diseases affect the entire population and are passed back and forth by the women and men. Therefore, the whole civilian population must be considered.

4. STATE CAMPAIGNS FOR THE CONTROL OF VENEREAL DISEASES. ✓

Major Wilbur A. Sawyer, M. R. C., Section on Combating Venereal Diseases, Surgeon General's Office. Formerly State Health Officer of California. /

One of the first experiments in venereal disease control in the State of California was made while he was State Health Officer, soon after the United States entered the great war. He had been impressed by the Army men with the important military problem of venereal diseases. /

The venereal diseases are not different from other diseases, excepting that they are both more serious and more preventable than most other diseases. There is a greater loss from these diseases than from tuberculosis and, probably, from all other communicable diseases put together.

It is of the first importance that these diseases must be made notifiable. No occupation should be permitted that spreads disease, and, hence, it follows that prostitution must not be permitted and must be continually repressed. He found the State of California quite ready, and its cities ready, to spend money for the control of these diseases. Not only did the Governor promptly make available \$60,000, but several of the cities also put up relatively large amounts of money. /

As State Health Officer, he went on record as attacking the venereal disease problem in a scientific way, accepting aid from all social forces, and, above all, backing the enforcement of laws against prostitution to the limit. He made a gentleman's agreement with the judges that all arrested cases should be examined for the presence of venereal diseases before trial. In the case of persons found infected, sentence was suspended until they had been treated in quarantine and rendered non-infectious. They were then paroled to the clinics, but if they reverted to prostitution they were brought into court and sentenced. The venereal disease rate among soldiers in San Francisco fell sharply, showing the success of law enforcement and of the scientific combating of venereal diseases.

The quarantine was not an absolute quarantine, because that is unnecessary in the case of venereal diseases, as they require intimate contact for their spread and because it would be impracticable on account of the large number of persons infected. There was, however, absolute quarantine of dangerous and negligent individuals.

The same sort of intelligent attack on these diseases is now going on all over the country as a result of the pressure of military necessity. By this means we are going to prevent more sickness and save more lives than if we had wiped out half of the ordinary contagious diseases.

5. VENEREAL DISEASES AND THE MEDICAL PRACTITIONER.

Dr. Francis R. Hagner, Member Committee on Venereal Diseases, Surgeon General's Office.

Dr. Hagner expressed regret that he had had but an hour's notice for preparation to take part in the evening's program. He felt that the Army program for the control of venereal diseases had been remarkably successful. As a most striking instance he cited the record of one of our Army divisions in France, made up of 26,000 men, which had no new cases of venereal disease develop during the month of February of this year, and in the month of March only four new cases.

He laid special emphasis on the fact that syphilis enters into all the specialties of medicine, and so becomes a problem for diagnosis and treatment for us all. Its remarkably simple beginning is followed by such serious results that we must attach more importance to the early recognition of the cases. He felt sure that 75 per cent of syphilis is either unrecognized or is not treated sufficiently to prevent serious results from it. The earlier the diagnosis, the earlier the treatment and the better the result. After apparent cure these cases should be urged to report for subsequent observation. He felt that it was necessary that a Wassermann blood test should be made once a year for the rest of a man's life, after once being infected with syphilis. This is to guard against insidious encroachments of the disease that are usually not recognized until they have done serious and permanent damage.

Gonorrhea is regarded altogether too lightly by the majority of practitioners. Chronic gonorrhea is hard to cure, but if the patient and physician are both faithful, few cases will not yield to treatment within six months or a year. Before such a patient is permanently discharged there should be careful microscopic examinations of the fluid obtained by massage of the prostate and vesicles, and a complement fixation test made. If all of these are negative on several occasions, he believed that the patient could safely be discharged.

REPORT OF COMMITTEE ON NURSING.*

Your Committee on Nursing begs leave to submit the following report: In view of the present inadequate supply of trained nurses and the great and increasing demand for them, both for war work and in civil life, and in view of the fact that many persons in moderate circumstances or on fixed salaries, with the present high cost of living, are unable when ill to afford the services of a registered nurse, and in view of the fact that the present system of training and registering nurses seems to many members of our profession to have serious defects that may be remediable, your committee begs to recommend the following resolutions:

I. *Resolved*, That our delegate to the American Medical Association be instructed to ask for the appointment by that body of a committee to consider the whole question of training and registering nurses, with special reference to simplifying and standardizing the curriculum and requirements and the advisability of establishing a grade of practical nurses who, with a lower preliminary educational requirement and a much shorter course of training, may be registered as attendants or practical nurses, and who shall receive a smaller compensation than the graduate nurse. Such attendants or practical nurses to be used especially for chronic and convalescent cases and others not requiring the highest nursing skill, thereby relieving many graduates for war work and critical cases in civil practice.

Your committee also recommends that through Dr. Gannon, who has kindly offered his services in the matter, the Washington Asylum Hospital be requested to give a special course of training of one year or less to practical nurses, who shall be chosen for character and general fitness rather than for literary qualifications, and who, upon passing a satisfactory term of training, shall be given certificates to that effect. Such nurses to be used in cases not requiring the highest skill and at a smaller compensation than that accorded to graduates.

We also recommend that the other hospitals in this city be also requested to offer similar short courses under similar restrictions.

We also recommend that our delegate to the American Medical Association be furnished with a copy of this preamble and the resolutions, for use in the House of Delegates of the American Medical Association, and instructed to urge prompt action, with such arguments as he deem advisable.

Signed by the committee: W. P. Carr, G. Wythe Cook, I. S. Stone, J. B. Nichols, J. A. Gannon, Frank Leech, M. F. Cuthbert, P. S. Roy, G. N. Acker, C. S. White, N. P. Barnes, E. Y. Davidson.

*Adopted by the Medical Society May 29, 1918.

In Memoriam.

DR. ISIDOR SAMUEL LEOPOLD BERMANN.

Isidor Samuel Leopold Bermann, M. D., one of our leading specialists of this city and a prominent member of this Society, having been an invalid for some months, died of angina pectoris April 5, 1918, at his residence, 1921 Nineteenth Street, N. W.

He was a son of Leopold and Sara (Bast) Bermann, born at Hessen, Germany, January 7, 1845. Was educated at private schools at Darmstadt and Frankfort-on-the-Main. He left Germany when a young man for a tour of the world and came to this country in 1863, and while in America joined the army, serving in the volunteer corps for three years with the Twelfth Infantry in wars against the American Indians in the West, 1863-1868.

Dr. Bermann returned to Germany and studied at the University of Marburg, 1872-1875, where he took an academic degree. He studied medicine at Marburg, Würzburg and Vienna. Dr. Bermann received the degree of M. D. from the University of Würzburg in 1878. He was at one time assistant to Professor Krilz of Marburg. At Würzburg he had the distinction of collaborating with one of his professors on a scientific treatise. He also studied under Politzer, the ear specialist. Later he became one of the leading microscopists of the world, and is generally accepted as the first man in this country to isolate the germ of leprosy.

In 1879 he returned to the United States for the second time. Dr. Bermann practiced his profession in Baltimore, Md., 1879-1884. Was physician to the Maryland, Eye, Ear and Throat Infirmary 1879-1880. Physician to the Baltimore Eye, Ear and Throat Hospital, 1882. He came to Washington, D. C., in 1884, as an eye, ear, nose and throat specialist. He contributed many papers to the medical literature of Europe and America, and took great interest in the Medical Society of the District of Columbia. He was a member of the American Medical Association, the Medical Society of the District of Columbia, the Washington Academy of Sciences, and a charter member of the University Club of this city.

He is survived by his wife, formerly Miss Mary Lillian Hunt, and one son, Robert Bastian Bermann, who, before enlisting in the United States Marine Corps last summer, was a Washington newspaper man.

* WHEREAS, It has pleased Almighty God, in His infinite wisdom, to take from our midst Doctor Isidor Samuel Leopold Bermann; therefore,

* Unanimously adopted by the Medical Society of the District of Columbia April 24, 1918.

Resolved, The Medical Society of the District of Columbia has lost a highly esteemed and valuable member in his death.

Resolved, That the Medical Society tenders its sincere sympathy to his family in their deep bereavement, and that this preamble and resolutions be placed upon the minutes and a copy sent to the family.

(Signed)

EDWIN LEE MORGAN, M. D.,
J. W. CHAPPELL, M. D.,
Committee.

PROCEEDINGS OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Wednesday, April 3, 1918.—President, Dr. P. S. Roy, presided; about 35 members present.

The Treasurer presented his report for March, showing: Receipts, \$823.70; disbursed, \$368.89.

Dr. Frank Leech submitted the following report from the Executive Committee, with recommendations. The report was accepted and the recommendations in paragraphs 1, 2, 3, 6, and 7 were adopted.

(1) The chairman reported that the Society had referred to the committee a special bulletin of the American Medical Association urging that efforts be made to secure the passage of the Owen-Dyer bill for increased rank of medical officers of the Army. As there was necessity for haste, the bill being then under consideration by Congress, the officers had decided that a letter should be sent the chairmen of the two committees on Military Affairs conveying the endorsement of the bill by the Society.

(2) A letter from the Medical Division, Home Defense League, was considered, together with a resolution of that organization, proposing that Congress be asked to provide a temporary hospital in Washington to meet the urgent need of the increased civilian population. Dr. D'Arcy Magee, chairman of the Medical Division, explained the purpose of the resolution and stated that the aid and advice of the Medical Society was desired. Recommended to the Society that a committee be appointed to consider the question.

(3) A resolution of Dr. I. S. Stone that a suitable chair for the presiding officer of the Society be provided was considered, and it was ordered that a recommendation be returned to the Society to lay the resolution on the table.

(4) The following resolution proposed to the Society last November and referred to the committee was considered: "It is the sense of the Medical Society of the District of Columbia that

members who are requested by the Post Office Department to give expert testimony in cases where it is desired by the Government to deny to quack medicines the use of the mails should be compensated for their services." (Laid on the table, in committee).

(5) As instructed by the Society in November last, the committee considered "what could be done to relieve the medical profession of the invasion of their professional rights involved in the regulations of the Commissioner of Internal Revenue having to do with prohibiting or restricting the sale of alcohol on a physician's prescription. (Referred to Mr. Burton for a brief opinion as to what, if anything, could be done.)

(6) Recommended to the Society that the resolution covering the duties of members to other members absent on military duty be published on the program card once each month.

(7) Recommended to the Society that members be urged by a published note to keep in mind the urgent importance of relieving trained nurses from the care of their patients at the earliest possible moment, so that the nurses may be free to go to other patients.

(8) A letter from Dr. Max E. Wall was referred back to the Treasurer with instructions to inform Dr. Wall that he need not pay extra assessments during his absence from the city and that he had the option of becoming an associate member.

The following Committee on Temporary Civilian Hospital, as provided by recommendation of the Executive Committee, was appointed by the chair:

Dr. Harry M. Kaufman, Dr. A. L. Stavelly, Dr. W. C. Borden, Dr. Wm. A. Jack, Jr., Dr. I. S. Stone, Dr. J. A. Gannon, Dr. N. P. Barnes, Dr. S. S. Adams, Dr. Wm. H. Fox, Dr. Frank Leech, Dr. O. Wilkinson.

Dr. I. S. Stone, delegate to a conference with Infant Welfare Committee, Woman's Division, Council of National Defense, reported that he had attended the conference; that the sponsors for the conference were not present; that no well-thought-out plan was presented; that he was not favorably impressed by the proceedings, and asked to be released from representing the Society further. (So ordered.)

The resignation of Dr. Leslie Elmo Elliott as an active member was accepted.

A letter from Miss Mary Gwynn, chairman of the Infant Welfare Committee, D. C. Woman's Division, Council of National Defense, was read. Dr. H. H. Donnally explained in detail the plan proposed by the Infant Welfare Committee, and moved that the Society endorse the plan, coöperate in the movement contemplated, and that the chair be authorized to appoint a committee, of a size and personnel to be determined by him, to make the coöperation of the Society available and effective. Carried.

Dr. J. Russell Verbrycke reported two cases of "Limestone Kidney," and exhibited the specimens. The surgical aspects of the cases were discussed by Dr. C. S. White. Further discussion by Drs. W. G. Young, A. R. Shands and Verbrycke.

Dr. S. B. Muncaster read the paper for the evening, "Treatment of the Eye with Ductless Gland Products." Discussed by Drs. R. S. Lamb, E. H. Reede, Dufour, Verbrycke and Muncaster. (See ANNALS for May, page 187).

Wednesday, April 10.—President Roy presided; about 50 members present.

The Treasurer reported contributions to the Building Fund.

A letter from the U. S. Public Health Service relative to reports of untoward results from the use of Arsphenamine and Neo-arsphenamine was read and ordered published in the ANNALS.

A letter from Miss G. M. Nevins, Director of Nursing, Potomac Division, American Red Cross, relative to the conservation of nurses' service was read and ordered filed.

The chair announced the appointment of a committee to cooperate with the local Infant Welfare Committee.

The chair announced the death of Dr. Isidor Bermann.

Dr. Shands introduced Lt. Col. E. G. Brackett, Maj. David Silver, Maj. J. W. Long, and Capt. Mark Rogers, all of the Medical Reserve Corps, U. S. Army.

Col. Brackett presented a communication on Operative Treatment of Fracture of the Spine.

Maj. Silver gave a résumé of the present status of the problem of Artificial Limbs for Soldiers.

Capt. Rogers spoke briefly of Kummell's Disease in the light of Col. Brackett's communication.

General discussion was participated in by Drs. Shands, Erving, W. P. Carr, W. B. Carr, Foley, Kober, Brackett and Silver.

Wednesday, April 17.—President Roy presided; about 45 members present.

The Treasurer reported contributions to the Building Fund.

The resignation of J. Lawn Thompson as Corresponding Secretary was read and accepted. On motion of Dr. Barton, the Recording Secretary was instructed to convey to Dr. Thompson by letter the sense of regret with which the Society accepted his resignation and its appreciation of his services during the period of his incumbency of the office of Corresponding Secretary.

Ordered that the next program card contain notice of an election to be held at the next meeting to fill the office of Corresponding Secretary for the unexpired term.

The chair announced that the program for the evening had been arranged by the Washington Obstetrical and Gynecological Society.

Dr. I. S. Stone presented a report of a case of Hernia into the Foramen of Winslow. Discussed by Drs. D. G. Lewis, C. N. Chipman and Stone. See page 249.

Dr. J. F. Moran presented A Manual Method for Demonstrating the Mechanism of Labor, illustrated with numerous photographs. Discussed by Drs. Abbe, Bowen, Rogers, I. S. Stone, Roy, Davidson and Moran.

Wednesday, April 24.—President Roy presided; about 45 members present.

The Treasurer reported contributions to the Building Fund and was authorized to have printing done for the necessary conduct of his office.

The Recording Secretary reported that he had been requested by the Secretary of the American Medical Association to attend a meeting of State Secretaries to be held in Chicago, April 30, to confer upon the subject of utilizing the national and State medical organizations for recruiting the military medical services. He was directed to attend the Chicago meeting, and the Treasurer was instructed to reimburse him for necessary expenses not met by the American Medical Association.

Dr. E. L. Morgan, for the Committee on Necrology, reported resolutions of respect to the memory of Dr. Isidor Samuel Leopold Bermann. The report was accepted and the resolutions adopted. See page 260.

Dr. Verbrycke was elected Corresponding Secretary.

Dr. E. Y. Davidson, for the Building Committee, announced the payment of the second note on the Society's building lot; this payment serving to liquidate slightly over one-half the purchase price. He made this announcement with the hope that it would serve to allay any doubts about the feasibility of the project and to stimulate those who had not yet participated to enter into this progressive movement in the Society's history.

The program having been supplied by the Washington Medical History Club, Dr. John Foote addressed the Society on The Care of the Child in All Ages. His address was profusely illustrated with lantern slides of masterpieces of painting and sculpture. Discussed by Drs. Roy, Kober, Hrdlicka, Isabel H. Lamb, W. A. White, I. S. Stone and Foote. See page 251.

Wednesday, May 1.—President Roy presided; about 60 members present.

Dr. Nichols, in the absence of Dr. Frank Leech, reported the following recommendations from the Executive Committee:

(1) That an extra honorarium of one hundred dollars for the year 1917 be voted Dr. Franzoni for his extra services during the year, making a total honorarium for 1917 of four hundred dollars. So ordered.

(2) The Executive Committee further recommended abolishing the offices of Recording Secretary and Corresponding Secretary, with the formation of the offices of Secretary and Associate Secretary, with all necessary amendments to the Constitution and By-Laws to effect the same. This recommendation to be printed in the ANNALS and voted upon at the next stated meeting. So ordered.

Dr. Boswell, for the Committee of Censors, reported favorably upon the following applicants for membership proposed at the March stated meeting, and they were elected:

For active membership: Charles A. Ragan, Oscar B. Hunter, John Morris Ladd and Robert H. Leece.

For associate membership: Ross McClure Chapman.

The Treasurer presented his report for April, which was accepted.

The following applications for membership were presented and referred to the Committee on Censors:

For active membership: Fred M. Nolan, Georgetown University (1915); Arrah B. Evarts, Minneapolis College of Physicians and Surgeons (1909).

Dr. Thomas V. Moore presented three patients with Friedrich's Ataxia, all members of the same family, two of them twins. Discussed by Drs. S. S. Adams, Nichols and Moore.

Dr. S. R. Karpeles gave a short report on the Prevalence of Syphilis in Colored Women in the District.

Dr. Adam Kemble addressed the Society on Important Considerations in the Treatment of Syphilis.

The papers of Drs. Karpeles and Kemble were discussed by Drs. Thos. Miller, R. A. Hooe, S. R. Karpeles and Kemble.

Wednesday, May 8.—President Roy presided; about 60 members present.

The Treasurer reported contributions to the Building Fund.

Dr. Frank Leech, for the Executive Committee, reported resolutions embodying a plan to utilize the Society in the effort to recruit medical officers for the Army and Navy. The committee recommended the adoption of the resolutions and that the Society act upon them at the meeting for May 15, after due notice to the active members. So ordered.

An appropriation of \$18.87 was made to cover expenses of H. R. Burton, counsel, in the interest of the Society's business.

Dr. W. P. Carr moved "that a committee be appointed by the President to consider the subject of teaching, training and regis-

tering nurses as done at present, and report to this Society any changes or alterations they may find desirable in the method now in use or contemplated in the near future, and that the President and delegate to the A. M. A. be added to the committee as ex-officio members." So ordered.

Dr. Samuel G. Gant, of New York City, addressed the Society on Some Recto-colonic Affections and Operations, illustrated by motion pictures.

Dr. Thos. Chas. Martin, for the Society, expressed appreciation of Dr. Gant's address, and spoke on the subject of motion picture production, and its utility as a medium of expression.

A rising vote of thanks was given to Dr. Gant.

Wednesday, May 15.—President Roy presided; about 150 members present.

The chair announced the following Committee on Training of Nurses: J. B. Nichols, Gannon, F. Leech, Acker, W. P. Carr, I. S. Stone, N. P. Barnes, M. F. Cuthbert, E. Y. Davidson, C. S. White, and ex-officio, P. S. Roy and G. Wythe Cook.

A letter from N. P. Colwell, Secretary of Council on Medical Education, A. M. A., was referred to the Executive Committee, requesting the appointment of a committee on classification of hospitals.

Dr. Leech, for the Executive Committee, moved the adoption of the following resolutions, reported at the last meeting:

"WHEREAS, The American Medical Association has been requested by the Surgeons General of the Army and Navy to assist in the task of recruiting 7,000 additional medical officers within the next few months, 5,000 for the Army and 2,000 for the Navy; and of supplying annually during the course of the war 2,500 medical men for replacements; and

"WHEREAS, The American Medical Association, through its officers and trustees, has undertaken this great task and has requested its component State organizations to participate in the accomplishment of it in their respective jurisdictions; therefore,

"*Resolved*, That the Medical Society of the District of Columbia freely offers its organization and its personnel in so far as they may be necessary for this purpose; and

"*Resolved*, That in order to provide from our number those who should perform military service and to retain at home those who should remain to care for the civil population and other civic needs, the Executive Committee is constituted a War Committee to survey the entire membership and is authorized to send to each active member a questionnaire in order to secure the information necessary for its purposes, the answering of which questionnaire is hereby made obligatory upon each active member. The Executive Committee is further authorized to expend such funds as may be necessary for making the survey herein directed.

"*Resolved*, That it is the sense of this Society that every member found eligible for military duty by the War Committee should at once apply for commission in the reserve medical corps of the Army or Navy."

The following amendments were moved and adopted:

By Dr. Mackall: Amend the second resolution as follows: After the words "To survey the entire membership" strike out the rest of the sentence and substitute the following: "and, in order to secure the information necessary for its purposes, is authorized to issue a questionnaire which each active member is earnestly requested to answer within twenty (20) days of receipt."

By Dr. F. Leech: Amend the third resolution by striking out the words "should at once apply" and substituting therefor "should consider the necessity of applying at once."

The preamble and resolutions as amended were adopted, and it was directed that a copy of the amended resolutions be sent to all active members for their information.

Dr. S. S. Adams presented a paper containing a protest of the Buffalo Academy of Medicine against the action of the American Red Cross in withdrawing its support of activities involving animal research work, and moved its reference to the Executive Committee for inquiry into the desirability of this Society's joining in the protest. So ordered.

The program being a symposium on the control of venereal diseases, arranged by Dr. Paul B. Johnson, for the Committee on Civilian Cooperation in Combating Venereal Diseases, General Medical Board, Council of National Defense, the following addresses were made:

(1) Control of Venereal Diseases in the United States Army, by Maj. Wm. F. Snow, Surgeon General's Office.

(2) State Campaigns Against Venereal Diseases, by Maj. Wilber A. Sawyer, Surgeon General's Office.

(3) The United States Public Health Service and Venereal Disease Control, by Surgeon J. G. Wilson, U. S. Public Health Service; and

The American Red Cross and Venereal Disease Control, by Surgeon Taliaferro Clark, U. S. Public Health Service.

(4) The Medical Practitioner and the Control of Venereal Diseases, by Dr. Francis R. Hagner, member of Commission on Control and Care of Venereal Diseases in Camps and Cantonments, Surgeon General's Office. See page 254.

A rising vote of thanks was given to all the gentlemen participating in the program.

Wednesday, May 22.—President Roy presided; about 100 members present.

The Treasurer reported contributions to the Building Fund.

Dr. Frank Leech, for the Executive Committee, reported the following recommendations:

(1) That the Society instruct its delegate to the American Medical Association to propose in the House of Delegates suitably worded resolutions of protest against the action of the American Red Cross in withdrawing its support of certain medical work involving animal experimentation.

(2) That the Society endorse in principle certain Suggestions for State Board of Health Regulations for the Prevention of Venereal Diseases, promulgated by the Committee for Civilian Coöperation in Combating Venereal Diseases, Council of National Defense, and that the Commissioners of the District of Columbia be informed of this action.

The recommendations were adopted.

An appropriation of \$5.75 was made for printing for the Executive Committee.

Dr. I. S. Stone presented a specimen of Ovarian Cyst, with its contents, removed from a mulatto, the pedicle of which had become constricted by axial rotation. Discussed by Drs. A. B. Hooe and Stone. See page 253.

Dr. D. L. Borden presented motion films of Surgical Procedures under Local Anesthesia.

Col. W. O. Owens, U. S. A., presented a motion picture drama entitled "Fit to Fight," a series of reels used in the propaganda for the prevention of venereal disease in the Army.

A rising vote of thanks was given Col. Owens and Maj. Borden.

Wednesday, May 29.—President Roy presided; about 50 members present.

The chair announced the following additional appointments to the Child Welfare Committee: A. V. Parsons, A. B. Little.

Dr. D. S. Lamb presented two letters addressed to the Editor of the ANNALS; one offered the use of the auditorium of the Gibson Co., 917 G St., N. W., to the Society; the other enclosed a Bill for the Control of Venereal Diseases, with the request of Representative Jno. F. Miller that the Society consider it and endorse it, if it met approval. Both letters were referred to the Executive Committee.

Dr. W. P. Carr presented a report from the Committee on Training and Registration of Nurses, which was accepted, and the recommendations adopted.

Dr. Carr also moved that the Society endorse the movement of the Visiting Nurses' Association to institute the system of supervising nursing assistants in this city, and that the members of the Society lend their support to the plan. So ordered.

An appropriation of \$25.46 was made to pay a bill for printing. The Treasurer was authorized to pay necessary current bills during the summer recess.

Dr. C. M. Dollman reported a case of Aneurysm of the Thoracic and Abdominal Aorta, and presented the specimen. There was no discussion, but Dr. Dollman took the opportunity to bid farewell to his colleagues before entering upon active military service.

Dr. C. A. Simpson, Jr., reported a case of Lymphosarcoma treated with massive doses of X-ray; he presented the patient and exhibited radiographic plates to illustrate the patient's condition before and after treatment. Discussion by Drs. Lawn Thompson, C. S. White, O. B. Hunter, W. P. Carr, J. B. Nichols and Simpson.

Dr. Lester Neuman presented a List of Donors for Blood Transfusion, grouped according to agglutination and hemolysis. Discussed by Drs. J. B. Nichols, C. S. White, Louis Mackall and Neuman.

Dr. E. H. Reede read the paper for the evening, entitled Non-Exophthalmic Toxic Goitre. Discussed by Drs. S. B. Muncaster, W. P. Carr, C. A. Simpson and Reede.

WASHINGTON MEDICAL ANNALS.

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Editorial.

THE U. S. NAVY wants binoculars, spy glasses and telescopes. If you have any to spare, send to Hon. F. D. Roosevelt, Asst. Secretary of the Navy. *

PUBLICATIONS OF THE MEDICAL SOCIETY AND ASSOCIATION.—In view of the prospective erection of a building as a home for the Medical Society it becomes desirable to make a collection of the publications of the Society and Association, for deposit in the

new building. It is hoped, therefore, that members will bear the subject in mind and, as opportunity offers, get together such publications as they may have and turn them over to the Committee on History of the Society, of which Dr. I. S. Stone is Chairman.

CENTENNIAL NUMBER OF THE ANNALS, January, 1918.—Extra copies at 20 cents a piece may be obtained from the Chairman of the Committee on Publication, Dr. D. S. Lamb.

HISTORY OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.—Price \$1.00, with 25 cents added if delivered in this city or sent by mail. Address Dr. C. W. Franzoni, 605 I Street, N. W. The books are in the custody of Dr. D. S. Lamb, at the Army Medical Museum.

THE WASHINGTON MEDICAL ANNALS.—Back numbers.—Members of the Society who have back numbers of the ANNALS, and do not intend to preserve them, are requested to send them to the Chairman of the Publication Committee. Requests for such numbers are frequently received.

NOTICE. DISCUSSIONS.—If corrections of discussions do not appear in the text, it is because they have not been received in time.

THE MEDICAL SOCIETY, April 3, 1918, adopted the following resolution, requesting every member to send the following notice to his patients:

"Be it resolved that it is the sense of this Society that an earnest effort should be made to secure the coöperation of the public *to send calls for the physician as early in the day as possible.*"

This is urgently requested for the following reasons:

(1) A large number of members of the Medical Society have been called to serve in the Army and Navy.

(2) A great deal of time must be spent by many members of the Society in making physical examinations of the men called to the colors.

(3) A very large increase has taken place in the population of Washington without any relative increase, but as a matter of fact a decrease, in the number of physicians.

(4) Calling the physician early in the day means a great saving of time for him and better service for the patient, for the reason that it frequently happens that when the physician is called late in the day, he may have already been in the neighborhood of the patient who sends the belated message. This means an extra visit and a waste of energy for the physician and an unnecessary pro-

longation of the patient's suffering. Finally, let it be remembered that the high cost of living has hit the physician as well as other people, and unnecessary visits mean wasted gasoline, energy, automobile tires, etc., all of which are so badly needed by our Army and Navy in the fight for victory.

THE AMERICAN ACADEMY OF MEDICINE announces the following prize.

For 1921, \$250.00. "What effect has child labor on the growth of the body?" For further information address Dr. T. W. Grayson, Secretary, 1101 Westinghouse Building, Pittsburgh, Pa.

THE PUBLIC LIBRARY OF THE CITY wants to get the following publications of the Medical Association of the District: 1833, 1845, 1848, 1854, 1861, 1870, 1873, 1878, 1890, 1893, 1909.

SPECIAL COMMITTEES.—*On Attendance*.—A. W. Boswell, chairman; S. S. Adams, W. M. Barton, A. J. Carrico, E. Y. Davidson, J. A. Gannon, C. W. Hyde, H. T. A. Lemon, C. A. Simpson, J. L. Thompson.

On Building.—E. Y. Davidson, chairman; C. W. Richardson, vice-chairman; J. L. Thompson, secretary; W. M. Barton, A. W. Boswell, W. P. Carr, E. P. Copeland, A. F. Foye, J. A. Gannon, W. C. Gwynn, F. R. Hagner, C. W. Hyde, W. A. Jack, Jr., V. B. Jackson, L. A. Johnson, L. B. T. Johnson, S. R. Karpeles, H. H. Kerr, D. O. Leech, H. T. A. Lemon, T. N. McLaughlin, H. C. Macatee, Louis Mackall, H. E. Martyn, W. G. Morgan, J. J. Mundell, J. B. Nichols, J. D. Rogers, P. S. Roy, E. G. Seibert, C. A. Simpson, J. A. Talbott, L. H. Taylor, A. R. Thomas, J. D. Thomas, C. L. Waters, C. S. White.

On Temporary Civilian Hospital.—S. S. Adams, N. P. Barnes, W. C. Borden, W. H. Fox, J. A. Gannon, W. A. Jack, Jr., H. M. Kaufman, Frank Leech, A. L. Stavely, I. S. Stone, Oscar Wilkinson.

On Child Welfare.—H. H. Donnally, chairman; Truman Abbe, G. N. Acker, W. H. Atkinson, May D. Baker, N. P. Barnes, G. S. Barnhart, L. J. Battle, C. M. Beall, Louisa M. Blake, A. W. Boswell, Sacks Bricker, J. P. Briscoe, J. L. Brooks, J. H. Bryan, E. W. Burch, W. T. Burch, W. K. Butler, A. J. Carrico, G. C. Clark, Edith S. Coale, C. B. Conklin, E. P. Copeland, Virginius Dabney, C. M. Dollman, F. Y. Donn, L. C. Ecker, E. M. Ellison, Amelia Erbach, Emma L. Erving, C. E. Ferguson, Clara B. Finley, R. A. Fisher, J. A. Foote, A. Francis Foye, W. J. French, W. C. Gwynn, J. A. Halpin, C. M. Hammett, W. H. Hardesty, Ida J. Heiberger, G. B. Heinicke, Carl Henning, D. W. Higgins, Mary Holmes, W. H. Hough, Montgomery Hunter, Harry Hurtt,

L. M. Hynson, H. W. Jaeger, Sothoron Key, H. M. Kaufman, Lauretta E. Kress, Isabel H. Lamb, P. E. Larkin, D. O. Leech, Frank Leech, E. L. LeMerle, H. T. A. Lemon, J. W. Lindsay, A. B. Little, Martha M. B. Lyon, F. S. Machen, W. J. Mallory, W. P. Malone, Grace Meigs, Mead Moore, J. M. Moser, W. R. Moulden, S. B. Muncaster, J. A. Murphy, W. S. Newell, Phebe Norris, Mary O'Malley, H. A. Ong, A. V. Parsons, Mary Parsons, C. A. Pfender, T. A. Poole, V. B. Rench, E. E. Richardson, R. C. Ruedy, S. M. Sacks, H. R. Schreiber, D. K. Shute, C. A. Simpson, J. I. Sloat, Edgar Snowden, Elizabeth Sohon, Margaret Stewart, M. L. Strobel, James Stuart, Louise Tayler-Jones, E. A. Taylor, Ada R. Thomas, E. W. Titus, R. S. Trimble, J. R. Verbrycke, R. R. Walker, J. S. Wall, E. W. Watkins, S. E. Watkins, J. A. Watson, R. T. West, Oscar Wilkinson, G. W. Wood.

On Contagious Diseases.—J. W. Lindsay, chairman; E. P. Copeland, H. H. Donnally, John Foote, W. J. French, G. B. Heinecke, Mary Holmes, D. O. Leech, Frank Leech, W. J. Mallory, M. H. Price, A. M. Ray, G. R. Sorrell, J. S. Wall, J. A. Watson.

On Federation.—R. A. Hooe, chairman; Truman Abbe, H. H. Donnally, L. Eliot, E. M. Ellison, Carl Henning, E. J. Kempf, J. J. Madigan, J. M. Moser, S. B. Pole, D. W. Prentiss, M. H. Prosperi, Amy J. Rule, C. A. Simpson, E. W. Titus, R. R. Walker, W. G. Young.

On History of Society.—I. S. Stone, chairman; Llewellyn Eliot, J. A. Foote, D. S. Lamb, Mary Parsons.

On Hygiene and Sanitation.—J. A. Murphy, chairman; J. A. Jeffries, G. M. Kober, C. K. Koonen, Martha B. Lyon, G. H. Magee, J. A. Talbott, W. J. G. Thomas, E. D. Thompson, M. F. Thompson, R. S. Trimble, W. C. Upham, M. C. Wall, C. A. Weaver, W. C. Woodward.

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On the Press.—L. B. T. Johnson, chairman; John Constas, W. B. Mason, E. H. Reede, Sterling Ruffin, A. R. Shands, A. A. Snyder.

On Schools.—A. Francis Foye, chairman; G. S. Barnhart, D. T. Birtwell, D. C. Chadwick, R. M. Ellyson, R. W. Frischkorn, S. H. Greene, G. H. Heitmuller, D. W. Higgins, L. M. Hynson, S. R. Karpeles, Isabel H. Lamb, H. C. Macatee, T. J. Rossiter.

On Tuberculosis.—W. D. Tewksbury, chairman; N. P. Barnes, E. C. Folkmar, Thos. Linyille, M. D. Magee, J. W. Mankin, W. L. Masterson, F. H. Morhart, W. C. Moore, D. W. Mulcahy,

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District of Columbia State Committee. Council of National Defense, Medical Section.—Dr. E. Y. Davidson, chairman; Dr. H. C. Macatee, secretary; Dr. I. S. Stone, treasurer; members of Committee, Dr. S. S. Adams, Brig. Gen. Wm. H. Arthur, M. C., U. S. A.; Dr. J. Wesley Bovée, Surg. Gen. Rupert Blue, U. S. P. H. S.; Surg. Gen. W. C. Braisted, U. S. N.; Dr. G. Wythe Cook, Dr. E. Y. Davidson, Dr. B. L. Hardin, Maj. A. B. Hooe, M. R. C., U. S. A.; Dr. Frank Leech, Dr. H. C. Macatee, Dr. J. F. Mitchell, Dr. J. B. Nichols, Col. Robt. E. Noble, M. C., U. S. A.; Mr. Earle Phelps, Dr. J. J. Richardson, Dr. P. S. Roy, Dr. Sterling Ruffin, Dr. W. F. M. Sowers, Dr. I. S. Stone, Surgeon G. Tully Vaughan, U. S. N. R. F.; Maj. W. D. Webb, M. C., U. S. A.; Dr. Wm. H. Wilmer, Dr. W. C. Woodward.

NURSES.—The Medical Society recognizes the prevailing and increasing shortage of trained nurses and urges upon its members the duty of distributing the services of nurses still available in such manner as will best serve the public good; it therefore recommends that members will (1) discourage the employment of trained nurses except in cases in which the safety of the patient demands skilled care; (2) release nurses from the care of patients at the earliest possible moment, so as to make their services available to others; and (3) where possible utilize the services of hourly nurses and practical nurses. Adopted by the Society April 10, 1918.

THE CHARTER OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.—The Society has had two charters granted by the U. S. Congress. One main reason for seeking a charter in the first place was to have the benefit of organized effort in combating the prevalence of medical quackery in the District of Columbia. This charter was granted February 16, 1819. By reason of failure to fulfill one condition of the charter, namely, that requiring definite meetings for election of officers, this charter was forfeited. A new one was granted, dated July 7, 1838.

Both charters provided that the Society should elect a Board of Examiners which should inquire into the qualifications of those who desired to practice medicine in this District, and grant licenses to the worthy. It was forbidden the Society to establish a schedule of fees, and also the disciplining of members for any offense committed outside the meetings.

The first of these provisions, namely, the examining and licensing of practitioners, was abrogated by the Medical Practice

Act of 1896. By reason of the second provision physicians were necessitated to form another society, that was called the Medical Association of the District of Columbia, organized in 1833.

In course of time the members of the two bodies began to think of a new charter that would unite the two, and provide for fees and discipline. Several attempts were made toward union, but without success. Pending the effort to secure such a charter from Congress, the two bodies were joined July 10, 1911, by which act the charter then held became null and void.

A form of charter newly prepared was then introduced into both Houses of Congress largely through the efforts of Dr. George Wythe Cook, and was passed by the Senate June 27 (calendar day, June 29). Senator Gallinger, always the friend of the Medical Society, called up the bill under "unanimous action" and it was passed without debate. It now remains to be seen whether equal success will attend the bill in the House of Representatives. The bill as passed is as follows:

An Act to revive with amendments an Act entitled "An Act to incorporate the Medical Society of the District of Columbia."

Bt it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That Doctors George Wythe Cook, Frank Leech, J. W. Chappell, E. G. Seibert, P. S. Roy, R. T. Holden, W. M. Barton, E. Y. Davidson, J. B. Nichols, A. L. Stavely, C. W. Franzoni, H. C. Macatee, D. S. Lamb, A. W. Boswell, and J. Lawn Thompson, and such other persons as they may associate with themselves and their successors be, and they hereby are, constituted a body corporate of the District of Columbia, under the name and title of the Medical Society of the District of Columbia, for the purpose of promoting and disseminating medical and surgical knowledge, and for no other purpose.

SEC. 2. That the Medical Society of the District of Columbia be, and it is hereby, empowered to own, mortgage, and convey such property as may be necessary for its purposes, and to make such rules and regulations as it may require, and which may not be repugnant to the Constitution and laws of the United States.

SEC. 3. That Congress may at any time alter, amend, or annul this Act of incorporation of said society.

Passed the Senate June 27 (calendar day, June 29), 1918.

Attest:

JAMES M. BAKER,

Secretary.

DEMENTIA PRAECOX STUDIES.—A new publication with the above title, by Dr. Bayard Holmes, No. 30 North Michigan Avenue, Chicago, and under the auspices of the Society for the Study of Dementia Præcox. It is stated that there are 140,000 cases of the disease in the insane asylums in the United States, and that their care costs \$28,000,000 a year. That 60 per cent of the

patients in the asylums are cases of this disease. Dr. Holmes asks subscriptions.

THE MEDICAL SOCIETY of the District of Columbia has a membership in the American Medical Association of 559. A comparison of this number with that of States and Territories that have a less number results as follows: New Hampshire, 521; Rhode Island, 427; Vermont, 414; Mississippi, 400; South Dakota, 373; Utah, 267; Montana, 225; North Dakota, 190; Arizona, 182; New Mexico, 147; Idaho, 132; Porto Rico, 113; Delaware, 103; Canal Zone, 97; Philippines, 92; Hawaii, 79.

PREPAREDNESS LEAGUE OF AMERICAN DENTISTS.—This League comprises over 15,000 dentists in the United States, pledged to give at least one hour a day of their time, and the necessary material besides, to the service of men selected for the Army, Navy and Marine Corps. Up to July over half a million operations had been done free of charge. Under the law for the Army, there is one dentist to a thousand men. The League supplements the Army dentist's work, doing extractions, fillings, crown and bridge work, free of charge. It is estimated that through dental work one man in five in hospital can be returned to duty.

THE NEW BUILDING.—The spirit of the Society has awakened to the need of a home of its own. The continued interest in the building project is shown by the increasing number of contributors to the building fund. Members are increasing their subscriptions and some are donating Liberty Bonds to the fund. A list of the contributors to the building fund follows. Does your name appear in the list?

Atkinson, Wade H.	Coale, Edith Seville
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Bain, Seneca B.	Conklin, Rush W.
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Martin, Thos. Chas.
Martyn, Herbert E.
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Owen, William O.
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Perkins, W. Robert
Pfender, Chas. A.
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Richardson, James J.
Rives, William C.
Rogers, Joseph D.
Roy, Philip S.
Ruffin, Sterling
Rule, Amy J.
Russell, Murray A.
Savage, Linnaeus S.
Schreiber, H. R.
Shands, Aurelius R.
Shute, D. Kerfoot
Simpson, C. Augustus

Simpson, J. Crayke	Thompson, J. Lawn
Skinner, J. O.	Trimble, Robert S.
Snyder, Arthur A.	Valentine, Aloysius W.
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Stone, Isaac S.	Walter, William F.
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Taylor, Lewis H.	Wood, George W.
Tewksbury, William D.	Woodward, William C.
Thomas, Ada R.	Yates, Frederick
Thomas, William J. G.	Young, William G.

REVIEW.

MANUAL OF VITAL FUNCTION TESTING METHODS AND THEIR INTERPRETATION. Second Edition. By WILFRED M. BARTON, M. D., of Washington, D. C. Boston: RICHARD G. BADGER.

A quarter century ago it was the pride of medicine to claim pathologic anatomy as its scientific basis. As compared with a previous epoch, when medicine was purely empirical and speculative, the utilization of the data of morbid anatomy in the formation of our conceptions of disease was a tremendous advance, and played a leading part in placing medicine on a real and substantial foundation. Morbid anatomy, however, is not the exclusive basis of pathology; its accessible data represent terminal conditions only, the manifestations of disease in organisms or organs that are dead. The physician is concerned with the manifestations of disease in living organs and organisms, or pathologic physiology; the study of morbid function is fully as essential as that of morbid structure not only in medical science but also in medical practice. The clinician deals primarily with disordered functions, and all the methods of investigating organic activities that are available and of practical utility, especially if the results are quantitative, are of prime importance in efficient diagnosis and treatment.

In the recent past much original work has been done in attempts to study the functional activities or measure the efficiency of various organs. Some of the methods developed and results obtained, while of scientific interest and value, are of little practical utility and contribute little or nothing to actual diagnosis, prognosis, or treatment. Many of the methods, however, are indispensable in up-to-date medical practice.

The work before us is a collection and compilation of the

descriptions of the many methods of function-testing that heretofore have been scattered through the periodical literature. Dr. Barton has rendered a signal service to the medical profession in collecting this valuable literature so as to make it conveniently accessible in a single volume; and the worth of the work is gratifyingly attested by the early appearance of a second edition soon after the first. The work is of practical value to the clinician, as a guide both in making the tests and in interpreting the results. Some typographical errors are noticed; such as "McKasky" for McCaskey, on page 95, and "decomposition" for decompensation, in the heading of the table on page 107. Also, the formula for McLean's index (page 133), quoted from Smith, although the same as in Smith's original article, does not agree with the formula as given in McLean's own publication, and would yield a discrepant result. The work deals with functional tests of the liver, kidneys, pancreas, heart, ductless glands, and vegetative nervous system. The material is well presented, and the mechanical execution of the book rather attractive. Altogether the work is an excellent one and can be commended to every clinician.

JOHN B. NICHOLS.

RECENT PUBLICATIONS BY PHYSICIANS IN THE DISTRICT OF COLUMBIA.

P. Bailey; Neuropsychiatry and mobilization; *N. Y. Med. Jour.*, April 17, 794.

W. M. Barton; Manual of vital function; review in *South. Med. Jour.*, June, 477; *Jour. Indiana State Med. Assn.*, June, 264; and *Jour. Kansas Med. Soc.*, June, 156.

James Bordley; Re-education of the war blinded; *Jour. A. M. A.*, June 22, 1931.

G. E. Bushnell, U. S. A.; The Army in relation to the tuberculosis problem; *Jour. Med. Assn. Georgia*, May, 1, and in *Jour. A. M. A.*, June 15, 1821. Also, Manifest pulmonary tuberculosis; *Mil. Surgeon*, April, 383, and in *Amer. Rev. Tuberculosis*, May, 140. Also, Treatment of tuberculosis, *Mil. Surg.*, June, 625; *Med. Record, N. Y.*, May 11, 793; and review in *Jour. A. M. A.*, June 13, 147.

H. R. Carter, P. H. S.; Prophylaxis of malaria; Reprint 454 from *Pub. Hlth. Reports*, May 27, 1914, and reprinted in 1918. Also, Effect of anopheles punctipennis in the natural conveyance of malarial fever; Reprint 464, *Pub. Hlth. Rep.*, April 19, 1918. Also, Breeding of anopheles quadrimaculatis in deep water and at a distance from shore; Reprint 463, *Pub. Hlth. Rep.*, April 19, 1918.

W. H. Davis; Report on registration affairs; *Amer. Jour. Pub. Hlth.*, April, 291.

E. A. Fennell, M. C., U. S. A.; Agglutinin response after Army triple typhoid vaccination; *Jour. A. M. A.*, June 22, 1918.

J. A. Foote; A tree of lost identity; *Amer. Forestry*, 1917, xxiii, 284. Also, Trees in medicine; *ibid.* xxii, 1917, 285. Also, The geography of medicines; *National Geograph. Mag.*, Sept., 1917; abstracted in many publications. Also, Case of pellagra residing in the District of Columbia; *Amer. Jour. Obstet.*, No. 6, 1917. Also, Pylorospasm and congenital pyloric stenosis, probably the earliest reported case; *Amer. Jour. Dis. Child.*, 1918, May, 351.

J. A. Gannon; Case of cyst of femur; *WASH. MED. ANNALS*, May, 193; abstract in *Jour. A. M. A.*, June 22, 1931.

F. H. Garrison; History of medicine; Review in *West Va. Med. Jour.*, July, 32.

W. C. Gorgas, U. S. A.; Venereal diseases in war; *Social Hygiene*, Jany., 3 and 39.

H. H. Hazen; Duties of the dermatologist; *Jour. A. M. A.*, June 29, 1939.

G. H. Heitmuller; Cases of developmental alexia or congenital word blindness; *Volta review*, June, 349.

W. H. Holmes; On the antiquity of man in America; *Science*, June 7, 561.

W. H. Huntington; Mastoiditis; *Med. Record*, N. Y., May 18, 849.

R. H. Hutchings; The reconstruction problem as it relates to nervous and mental diseases; *Jour. A. M. A.*, June 22, 1928.

C. O. Johns and L. H. Chernoff; Globulin of buckwheat fagopyreum; *Jour. Biol. Chem.*, May, 439. Also, C. O. Johns and A. J. Finks; Stizolobin, globulin of Chinese velvet bean; *Stizolobium niveum*; *ibid.*, 429; abstract in *Jour. A. M. A.*, June 22, 1978.

P. B. Johnson; Civilian influence in military problem, venereal disease; *South. Med. Jour.*, April, 290. Also, Social hygiene and war; *Social Hyg.*, January, 91.

J. W. Kerr, P. H. S.; Community control of venereal diseases; *ibid.*, 77.

G. W. McCoy, P. H. S.; Standardization of antityphoid vaccine; *Amer. Jour. Pub. Hlth.*, April, 299.

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J. R. Verbruycke; Two cases of phlegmonous colitis; *WASH. MED. ANNALS*, March, 122; abstract in *Internat. Abst. Surgery*, July, 43.

W. M. de Voynich and F. H. Garrison; Figurations of skeletal and visceral anatomy in books of hours; *Ann. Med. Hist.*, October, 1917, 225.

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PERSONAL NOTES OF PHYSICIANS OF THE DISTRICT OF COLUMBIA.

Dr. S. S. Adams, at the twenty-ninth session of the American Pediatric Society, held at White Sulphur Springs, W. Va., in May, 1917, was given a silver traveling clock in recognition of his service as Secretary from 1891 to 1916.

Drs. J. F. Anderson and G. W. McCoy, P. H. S., attended

the meeting of the Amer. Assn. Immunologists in Philadelphia, March 29 and 30, and took part in discussions.

Lt. W. M. Barton, M. R. C., has been ordered to Camp Jackson, S. C.

Dr. L. J. Battle is chairman of the Committee on Charities of the Chamber of Commerce; Drs. W. P. Carr and A. R. Shands are also members of the committee.

Lt. H. A. Bishop, M. R. C., has been ordered to Camp Meade.

Lt. L. F. Bell, M. R. C., has been ordered to Fort Benjamin Harrison, Indiana.

Capt. J. L. Booth, M. R. C., has been ordered to Fort Oglethorpe.

Maj. D. L. Borden, M. R. C., has been ordered to Camp Zachary Taylor.

Dr. J. W. Bovée attended the meeting of the Amer. Gynec. Society at Philadelphia, May 16-18, and read a paper on Tubal and Ovarian Hemorrhage, its etiological relation to pelvic hema-tocoele and extrauterine pregnancy.

Lt. E. B. M. Casey, M. R. C., ordered to St. Elizabeth Hospital.

Maj. R. M. Chapman, M. R. C., ordered to Camp Wadsworth, S. C.

Lt. H. C. Dallwig, M. R. C., ordered to American University.

Lt. D. G. Dickerson, M. R. C., ordered to Neurological Institute, New York City.

Capt. L. E. Evens, M. R. C., ordered to Army Medical School.

Lt. M. B. Fischer, M. R. C., ordered to Camp Gordon, Atlanta, Ga.

Capt. A. Y. P. Garnett, M. R. C., ordered to Washington.

Maj. F. H. Garrison, M. R. C., ordered to Camp Sherman, Chillicothe, Ohio.

Capt. Alfred Glascock, M. R. C., ordered to Camp Hancock, Augusta, Ga.

Capt. E. M. Hasbrouck ordered to Aviation Field, Dayton, Ohio. Some time ago Dr. Hasbrouck was reported as discharged from the service. The explanation is that he was discharged because of physical disability, which was afterwards relieved by an operation, and he was restored to duty.

Capt. C. W. Hyde, M. R. C., ordered to Mineola, L. I., Aviation School.

Capt. S. G. Johnson, M. R. C., ordered to Washington.

Capt. L. P. Kaull, M. R. C., ordered to Rockefeller Institute.

Maj. H. H. Kerr, M. R. C., ordered to Camp Crane, Allentown, Pa.

Lt. Jacob Kotz, M. R. C., ordered to Fort Oglethorpe.

Lt. J. M. Ladd, M. R. C., ordered to Camp Hancock, Augusta, Ga.

Mrs. Mabel R. Latimer, wife of Dr. Guy Latimer, of Hyatts-ville (a member of this Society), died at Fredericksburg, Va., June 5, from burns accidentally received from an explosion on a yacht on the Potomac river.

Capt. J. B. Laughlin, M. R. C., ordered to Camp Sevier, Green-ville, S. C.

Dr. G. W. McCoy, P. H. S., is chairman of the Section on Pharmacy and Therapeutics, A. M. A.

Capt. J. J. Madigan, M. R. C., ordered to Camp Grant, Rock-ford, Ill.

Lt. L. A. Martel, M. R. C., ordered to Washington.

Lt. W. C. Miller, M. R. C., ordered to Fort Oglethorpe.

Maj. J. F. Mitchell, M. R. C., ordered to Biltmore, N. C.

Maj. W. C. Moore, M. R. C., ordered to Hoboken, N. J.

Maj. T. G. Neill, M. R. C., ordered to Washington.

Lt. Lester Neuman ordered to Rockefeller Institute.

Lt. C. A. Neymann, M. R. C., ordered to Plattsburg Barracks, N. Y.

Lt. F. M. Nolan, M. R. C., ordered to Fort McPherson.

Lt. D. G. O'Neill ordered to St. Elizabeth Hospital.

Maj. F. D. Owsley, M. R. C., ordered to Camp Jackson, S. C.

Maj. J. B. Piggott, M. R. C., married June 18 to Miss Alice Frances Bell at Fort Oglethorpe.

Lt. D. W. Prentiss, M. R. C., ordered to Bellevue Hospital.

Dr. C. W. Richardson, Lt. Col., M. R. C., has been elected a Vice-President of the American Medical Association.

Lt. J. C. Riffin, M. R. C., ordered to Army Medical School.

Capt. G. S. Safford, M. R. C., ordered to Fort Oglethorpe.

Dr. J. W. Schereschewsky, P. H. S., is Vice-Chairman, Sec-tion of Preventive Medicine and Public Health, A. M. A.

Capt. H. L. Schurmeier, M. R. C., ordered to Camp Devens, Ayer, Mass.

Lt. M. C. Sosman, M. R. C., ordered to Army Medical School.

Lt. J. H. Toomey, M. R. C., ordered to Camp Lee, Peters-burg, Va.

Capt. John Van Rensselaer, M. R. C., ordered to Rockefeller Institute.

Capt. W. A. Wells, M. R. C., ordered to Camp Sevier, S. C.

Lt. J. B. White, M. R. C., ordered to Army Medical School.

Dr. W. C. Woodward has resigned as Health Officer, Washing-ton, to accept a corresponding position at Boston, Mass.

ADDENDUM.

A special meeting of the Society, called by the Executive Committee, was held July 24. Dr. Frank Leech, Chairman of the Committee, stated that the meeting had been called primarily to consider the report of the War Committee, but that two other recommendations would be presented for action first, namely:

1. That the dues and assessments of members on active military duty be remitted for the period of the war; and that if by the foregoing action the funds of the Society become so depleted as to make it necessary, the WASHINGTON MEDICAL ANNALS be curtailed in contents or in frequency of publication.

2. That a copy of the War Committee's report be made available for the use of the District of Columbia Committee, Council of National Defense, Medical Section.

The recommendations were adopted.

Dr. Leech then reported for the War Committee as follows: That a sub-committee consisting of Drs. Frank Leech, chairman, H. C. Macatee, secretary, E. Y. Davidson and J. B. Nichols had been appointed; that the sub-committee had formulated a questionnaire which had been sent to all members; that on the basis of the returns and other known facts the entire active membership had been classified according to a schedule filed herewith; that each member had been notified of his classification number and had been invited to protest if improperly classified; that the work of the sub-committee had been approved by the full committee and it was here presented with the recommendation that the classification list be printed and that a copy be sent to each active member in a sealed envelope.

Lt. Col. Coulter, of the Surgeon General's Office, presented briefly the facts regarding the need for more medical officers.

The motion to adopt the report and recommendation was carried.

A rising vote of thanks was given the War Committee for the work accomplished by it.

